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City of Leeds

EDUCATION COMMITTEE

REPORT

OF THE

SCHOOL MEDICAL OFFICER

(G. E. Sr. CLAIR STOCKWELL, B.A. M.B. B.C.)

For the year ended 31st December, 1936



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OF THE

SCHOOL MEDICAL OFFICER

(G. E. ST. CLAIR STOCKWELL, B.A., M.B., B.C.)

For the year ended 31st December, 1936

MEDICAL STAFF—(*continued*).*School Nurses—*

ISABEL FERGUSON (<i>Senior Nurse</i>).	ETHEL WILSON.
JANE TOTTIE.	ELIZABETH M. WHURR.
GERTRUDE SMITH.	HILDA MOODY.
CARRIE LEWIS.	EMMA M. HEARNshaw.
HELENA SIMPSON.	MARY CHERRETT.
EVELYN LOWE.	ELIZABETH M. BENSON.
ELSIE K. BRIGGS.	EDITH D. WYNN.
ANNIE A. POSKITT.	LILIAN MOODY.
MONA K. MACPIERSON.	MARY D. CARRICK.
SARAH E. WEBSTER.	MINNIE ABBOTT.
GERTRUDE M. PENFOLD.	ALICE SHACKLETON.
GRACE E. PRIOR.	MATILDA HOLMES.
BESSIE ATKINSON.	EDNA M. HOWGATE (<i>left 30th April, 1936</i>).
EVELYN M. GANT (<i>appointed temporary, January, 1936, permanent May, 1936</i>).	

Masseuses—

EDITH A. REVILL.	GERTRUDE M. ISLIP (<i>left 30th November, 1936</i>).
ALICE M. M. SUGDEN.	
WINIFRED WEAR.	

Dental Attendants—

MARY E. MORTIMER.	MARJORIE M. HIXON.
GRACE E. BROWN.	KATHLEEN HALEY.
MARJORIE CORDWELL, (<i>left 30th April, 1936</i>).	MARGARET BOYD.
DORA JEWELLS.	MARION HUDSON.
WINIFRED LEISHMAN.	NANCY M. RUSH.
DOROTHY COULSON.	EDITH WILSON (<i>appointed 25th May, 1936</i>).
CICELY M. BAXTER.	

Speech Therapist—

BLANCHE JACKSON (Mrs.).

Summary of the Work of the Leeds School Medical Service, 1936.

Number of Children examined by the School Medical Officers at Routine Inspections	21,293 (22,873)
Reinspected in the Schools by the School Medical Officers	34,470 (32,178)
Examined by the School Dental Officers	30,513 (25,066)
Examined by the School Nurses in the Schools	237,722 (206,732)
Number of Visits to Homes by the School Nurses	143 (165)

Clinic Work.

Total Attendances, 1936	220,923 (198,977)
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CLINIC.	Number of Attendances.		NATURE OF WORK.
	Medical.	Dental.	
Central	11,138 (12,744)	8,428 (6,325)	Inspection. Refraction. X-ray. Orthopædic. Aural. External Eye. Dental.
Armley	18,430 (15,155)	8,204 (5,230)	Inspection. Treatment of Minor Ailments. Refraction. Orthopædic. Dental.
Burley	24,620 (18,549)	4,576 (4,106)	
East Leeds	17,466 (16,752)	6,818 (5,079)	
Edgar Street	25,398 (31,491)	4,200 (4,087)	
Holbeck	20,899 (20,459)	4,122 (4,297)	
Hunslet	31,189 (23,378)	5,995 (4,074)	Inspection. Treatment of Minor Ailments.
Meanwood Road	18,632 (17,439)	—	
Middleton	9,493 (7,995)	—	
Dental Hospital	—	1,495 (1,817)	Orthodontic

Number of Children certified by the School Medical Officers:—

(a) Mentally Defective	181 (121)
(b) Physically Defective	591 (791)

The figures in brackets are those for 1935.

CITY OF LEEDS

EDUCATION COMMITTEE

**Report of the School Medical Officer for the year ended
the 31st December, 1936.**

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report upon the work of the School Medical Service of the City of Leeds for the year ended the 31st December, 1936.

Last year I commented on certain suggestions that had been made on the work of the School Medical Service, and I expressed the view that no radical changes were either necessary or desirable, although I made no claims that finality had been reached. The powers and duties of the Service are still limited to inspection and certain forms of treatment, whilst much of the remedial side must remain in the hands of Practitioners and Hospitals. There is still much unfinished in the work as laid down originally as well as in the various additions that have accrued from time to time. No sooner does one problem lose its intensity than another begins to make its presence felt.

The Service in Leeds provides for all the requirements as laid down by the Board and also for other local needs, and it can be expected that further expansion will take place in the near future.

That staff changes are so few must be an indication that they are happy in their work, and the material collected that they have a proper understanding of children's medicine.

An adequate knowledge of this subject coupled with the ability to manage children are the main essentials for a School Medical Officer. Clinical knowledge must be adequate and cannot be acquired in a few months.

In previous years, I have stressed the importance of Research, and every member of the staff is engaged on some problem affecting the welfare of the oncoming generation. But results are not to be seen at once, and sometimes an investigation may produce little or nothing and yet have been worth while.

Embodied in the Report will be found portions written by the members of the staff on their own particular investigations, none of which have reached finality.

Our methods in Leeds are to ensure that a complete medical history is available for every child on leaving school and to watch year by year every child who shows any deviation from normal that is likely to affect its future.

There need be no monotony in the life of a School Medical Officer who takes the trouble to know his work, although it is unfortunately true that there are too few opportunities for advancement for those who desire to spend their life in the Service.

There have been few changes during the year. Dr. Wyatt, ^{Staff.} who was proving himself to be an extremely valuable member of the staff, left to take up private practice in Edinburgh. His loss is particularly regretted because of his wide knowledge of Psychological Medicine, which is one of the subjects which will come more and more into School Medicine especially now that the important question of Child Guidance Clinics is so much to the fore. His place has been filled by Dr. H. G. Hutton, who took his degree in Psychology at Cambridge but has not yet a qualification in Psychological Medicine.

The Dental Staff has also had one change during the year as Miss Knowles was successful in obtaining a post under the Ministry of Health. She was succeeded by Mr. Douglas M. McGibbon.

Nurse Gant, who was appointed on the temporary staff in January, was transferred to the permanent staff owing to the resignation of Nurse Howgate. In September, Mrs. Jackson commenced work as Speech Therapist and her activities are described elsewhere. Miss Islip left the Massage Staff and has been replaced by Miss Henderson.

Dr. Holoran must be congratulated on obtaining the new Diploma in Child Health which necessitates a very high standard of knowledge of children's medicine in all its branches.

**Return of Number of Children on Roll on the
31st December, 1936.**

Type of School.	Number of Schools.	Number of Departments.	Number on Roll.
<i>Elementary—</i>			
Council	77	167	45,936
Voluntary	53	95	18,063
<i>Higher—</i>			
Maintained	13	13	5,917
Non-maintained	5	5	2,144
<i>Home Office</i>	2	2	203
<i>Special—</i>			
Mentally Defective ..	5	5	401
Physically Defective ..	1	1	102
Blind and Partially Sighted	2	2	165
Deaf	1	1	100
Sanatorium	2	2	69
Nursery	2	2	131
Open Air	1	1	240
Total	164	296	73,471

Co-ordination.

I gladly place on record my appreciation of the help I have received from my colleagues of the Medical Services of the City. That such collaboration exists will be a gratification to the Committee, and I can assure Dr. Jervis and all other members of the Medical Services of our desire to return the goodwill they show to us.

As an example, the joint use of the East Leeds Clinic may be quoted, for whilst it was only to be expected that difficulties would arise, there has been such a general desire to overcome them that it can be said quite truthfully that the experiment is proving itself a success.

The growth of the new Housing Estates at Gipton and round about will undoubtedly put a strain on the accommodation in due course, but if the present will to succeed continues, difficulties will be overcome.

I have been glad to enable Dr. Sharpe to continue his investigations into the aftermath of scarlet fever by giving facilities that have produced a good attendance.

Co-operation with the Public Assistance Committee and the Hospitals both voluntary and municipal, remains unchanged, and I would add my thanks to the various staffs for their help.

It is gratifying to note that the relationship with the practitioners in the City is most cordial. These ladies and gentlemen often have a very difficult time, and I must thank them for their assistance, without which much of the work would lose its efficiency.

The Invalid Children's Aid Society continue their interest in the School for Physically Defectives.

There have been improvements in many of the older schools School Hygiene. during the last year. Many of the old unsatisfactory closets have been modernised and more are planned for alteration this year. It may not be practicable to do much in schools which may be redundant or scheduled for demolition, yet this question is so important that I must again press for it to be considered.

The lessons of Hygiene learned under such conditions will have a bad effect, for these lessons can only be practical for young children. Rules of good living cannot be developed under the sanitary conditions found in some of the old schools.

It should never be necessary for infants to cross the open yard for these purposes, and yet it was universal till a few years ago. Slate urinals should be replaced as opportunity occurs, and the correct use of them insisted on, as their present state often reflects no credit on the elder boys.

It is still necessary to write about ventilation, which can and should exist without draught. Adequate ventilation is the best way to ensure a full attendance, and will do more to decrease infection than many so called disinfectants, whose only action is to produce such an unpleasant odour that windows have to be opened in self-defence. Even in some of the modern type of classroom it is difficult to ensure fresh air on a cold morning. The inevitable period of register marking must take place, and instead of the first period being an active one, it is only too often the reverse. Children improperly clad or fed require more action to keep them warm.

Every year sees more schools lighted by electricity, and I would like to repeat once more the need for investigation by experts into classroom lighting. It is not sufficient merely to place a number of lights in a classroom, their correct usage and placing is more important so that the three essentials mentioned last year are complied with. Cloakrooms and desks remain as before and both these points must be considered.

Damp clothing is largely associated with juvenile rheumatism—the biggest scourge of childhood—whilst unsuitable desks undo any good that physical training may produce. Chairs and tables are said to be noisy ; they are certainly preferable for child hygiene.

Physical training is becoming an almost daily essential, the wearing of suitable clothing recognised and it now remains to include

what is the most important item, namely, the shower-bath after exercise. The joy of the bath after exercise is only excelled by the benefit it produces.

Medical
Inspection.

All statutory requirements have been fulfilled, and if the total numbers submitted to routine inspection show a decrease, it must be remembered that there is a marked decrease in the numbers on roll and that the movement of the population has been accentuated. Any children who have been missed will be picked up next year.

Duplication has been reduced to a minimum, and it is safe to say that very few children miss their medical examinations.

Only 17 children have been withdrawn by parents from Medical Inspection during the year, which is less than one per thousand.

Summary of Defects referred for Treatment or Observation— Elementary Schools.

DEFECT.	Routine Cases.	Special Cases.	TOTAL.
Nose and Throat	4,715	2,245	6,960
Tuberculosis	20	213	233
Skin Disease	592	10,594	11,186
External Eye Disease	231	1,225	1,456
Vision	3,543	5,059	8,602
Ear Disease and Hearing	839	1,506	2,345
Dental Defects	—	—	20,317
Crippling Defects	2,137	1,145	3,282
Other Defects	4,547	6,489	11,036

Following up
and
Uncleanliness.

The summary of the work of the Nurses for 1936 gives a good picture of their activities. Their time is chiefly spent in two places, either at the Clinics attending to treatment of various kinds, or in the Schools inspecting for cleanliness. This latter is still the most onerous part of a School Nurse's work, as well as the most unpleasant and, as may be imagined, calls for a great deal of tact. But it will be observed that there is a great increase in the number of examinations, and it can now be claimed that every child is brought under review three times a year.

This work must still continue and even be tightened as careful parents have a right to expect that their children are not contaminated, but there are other children who must be seen every month or they would become a danger. As explained last year, our new Scheme gives us a permanent record of all chronic offenders who will be dealt with more quickly than in the past.

The appended summary of records shows that they still exist, and it is distressing to realise that after nearly thirty years' work,

there are still 1,300 children whose condition calls for at least five notices to parents and nearly 80 who have been excluded three or more times in one year.

Summary of Uncleanliness Records.

Children who have had			Number.	Children who have been excluded	
1 notice .. ..	..	..	2,799	Once	1,796
2 notices .. ..	..	..	2,318	Twice	363
3 .. .. .	..	..	2,298	Three times	71
4 .. .. .	..	..	1,030	Four ..	6
5 .. .. .	..	..	655	Five ..	1
6 .. .. .	..	..	371		
7 .. or over..	..	..	271		

Summary of the Work of the School Nurses, 1936.

(A) INSPECTION—	1936.	(1935).
Number of visits to School Departments	6,049	(5,693)
Number of Children Examined*	184,271	(158,524)
Number of Reinspections	53,451	(48,208)

Number of Defects discovered—

Uncleanliness of Head	11,590	(12,672)
Uncleanliness of Body	2,106	(2,329)
Other Defects	2,089	(2,413)

*In addition to the usual examinations this figure includes Special Examinations, viz., special vision cases, Doctors routine cases, etc.

(B) VISITS TO HOMES	143	(165)
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(C) PROPORTION OF TIME GIVEN TO DIFFERENT SECTIONS OF WORK

	1936.		(1935).	
	Hours.	Per cent.	Hours.	Per cent.
Clinic Work	28,196	69.1	(29,896½)	(72.9)
Examinations in Schools..	12,057½	29.6	(10,833½)	(26.4)
Visits to Homes	167	.4	(148½)	(.4)
Other Work	370¾	.9	(121½)	(.3)
	<u>40,791</u>		<u>(40,999½)</u>	

(D) SUMMARY OF THE WORK OF MASSEUSES—

	1936.	(1935).
Number of Visits to Homes	47	(37)
Number of Children Treated	616	(684)
Number of Treatments	24,994	(28,142)

Education and Health.

It has been the general rule to discuss the various points that are intimately associated with what may be described as the Science of Hygiene under many headings, which makes it very difficult to obtain a proper understanding of the whole problem. There are so many points of contact that an attempt to correlate them is rather overdue. There is much common ground between Medicine and Education that is the prerogative of neither, yet which must be covered by both if the material prosperity of either the Nation or the individual is to be considered. A physical giant may be able to lift big weights but if he has not the mentality to use a lever he will come off second best with his next door neighbour of poorer physique who realises that he can not only save himself much exertion but also work possibly more efficiently by its use.

Further, the relationship of the healthy mind and the healthy body must be inculcated into every individual at the earliest possible moment by example and not left until formal lessons can be given. A child must begin these lessons from the moment he enters school, and they can never be the duty of the Doctor, who may, however, have something to add at a later period. I want, therefore, to suggest that the study of such a subject as Nutrition is neither medical, educational nor social as such and can only be solved by a conjoint attack by every agency concerned. The Doctor must work as a colleague with the Teacher of physical training as well as the parent, whilst the profession of Teaching is not confined to schoolmasters and mistresses, because there is still such a difference between learning and being taught. We can, therefore, examine the many factors which are involved in the evolution of a child healthy in mind and body.

Nutrition.

To begin with nutrition, let us realise that this is best defined as the process of promoting growth, and malnutrition is the result of anything which hinders or arrests that process.

Much effort has been and is being expended in the investigation, and much has been written during the year that cannot be discussed here. We can only state our own findings, although it is time there was investigation into physique as well. Is the question to be—Can good nutrition be built up on poor physique? It is a common slang phrase to say that so and so is "comfortably upholstered," yet can a broken or rickety chair be made either safe or comfortable by cushions alone.

In continuing our researches into this big problem we can turn to details.

The classification of the state of nutrition is similar to that prescribed by the Board of Education for 1935, and the results for the year are :

No. examined	18,852
„ „ in 1935 ..	(19,983)
No. noted as excellent ..	2,618 or 13·9%
„ „ in 1935 ..	(2,212) or (11%)
No. noted as normal	13,469 or 71·3%
„ „ in 1935 ..	(14,684) or (73·5%)
No. noted as slightly subnormal ..	2,744 or 14·5%
„ „ in 1935 ..	(2,955) or (15%)
No. noted as bad	51 or ·3%
„ „ in 1935 ..	(92) or (·5%)

Closer analysis reveals the fact that in every age group girls show a preponderance of excellent nutrition over boys of almost three to two, whilst of the fifty-one labelled ' Bad ' only forty-four were referred for treatment, and of the slightly subnormals only 667 were considered to need treatment. Taking the forty-four bad cases needing treatment alone as a guide, we find a very close comparison, namely, ·23 per cent. as opposed to ·26 per cent. last year, showing that there is uniformity in judgment as to those who are in need of treatment. The fifty-one bad cases, however, contain twenty-eight girls and twenty-three boys, and came from at least thirty different schools of all classes and all parts of the city are represented. Some were already having supplementary diet and a few recommended for the James Graham Open Air School at Farnley. 58 of the ' bad ' cases of the previous year were invited for special examination in November and 49 presented themselves, all of whom had been under treatment. Much fuller examination than is possible at a routine inspection was made together with enquiries into contributory factors and treatment. Out of 49 classified no less than 37 were now placed as slightly subnormal. They were also classified on what is known as the Sacratama Formula :—

Sacratama Table

	Greatly Increased	Moderately Increased	Normal	Moderately Decreased	Greatly Decreased
Blood (Sanguis) ..	—	1	27	16	—
Flesh (Crassitudo)	—	1	5	30	8
Water (Turgor) ..	—	—	30	14	—
Muscle (Muscularis)	—	—	10	32	2

No classification was made in 5 cases.

from which it would appear that the 44 children approached nearer normal than expected, although a hæmoglobin test might have produced other results. Investigation into heredity showed that 14 mothers and 25 fathers were markedly undersized or weaklings, the larger number of males being possibly accounted for by the fact that the mother gave the information—one describing her husband as “like a picked sparrow.” It is difficult to determine with accuracy if lack of sleep was a contributory cause, for methods of recording varied and often no trustworthy answer could be obtained, but I have little doubt that it is a factor.

The question of intercurrent conditions such as long illness or or other physical cause suggested two points:—

1. Are badly nourished children more liable to illness?
2. Do certain illnesses affecting well-nourished children leave them in an impoverished state so far as nutrition is concerned?

Without jumping to conclusions, it does not seem possible to classify the cases examined under these two headings, nor would it be satisfactory to take 49 children classified as of normal nutrition and compare their previous illnesses with the cases under review, the numbers being too small. But out of the 49 cases there were only 16 in which a history of previous illness or intercurrent condition was not obtained. Further, amongst the remaining 33 cases 60 histories of previous or intercurrent illness (or nearly two per child) were found.

With regard to the supplementary feeding, the surprising point was disclosed that only 8 cases have been in receipt of “Free Meals” and 12 on “Free Milk,” although all “Free” cases are entitled to both on request, so that there are probably four cases due for dinners if their parents wish, but who may be too far from a centre. All children provided with meals get their bottle of milk in addition. Another 26 children are receiving milk in school and 22 Cod Liver Oil on payment. In only six cases did we get no evidence that supplementary feeding was being given. It seems fairly safe to assume that parents are alive to the child's condition and are doing something to alleviate it, although in a few cases with such irregularity as to be of little use.

Investigation into home feeding, as might be expected, proved difficult. Naturally parents do not wish to say much on this point and their statements are the only evidence, but it appeared from their statements that:—

1. in 31 cases feeding was satisfactory.
2. in 14 cases feeding was unsatisfactory.
3. in four cases no reply was given.

Eleven children were stated to be poor eaters and six to hurry over their meals. It was further found that in no case were there two children in one family graded as bad, whilst in 41 cases there were more than one child in the family varying from 2 to 7 or more. In two cases no report was made.

Investigation into housing conditions showed nothing because the results vary so much.

Of 11 children who have had three routine examinations only one had previously been marked as good, all the others having been marked as poor or subnormal.

With very few exceptions the relationship between weight and height had improved markedly during the period of observation.

There is little change to report.

Provision of
Meals.

During the year 509,667 dinners have been supplied as compared with 539,715 in 1935. Of this number 463,100 were supplied by the Central Kitchen, 30,974 at Special Schools and 15,893 at Special Centres. The highest number issued was 2,407 in January, 1936, and the lowest 2,115 in October.

The menu has been as varied as possible considering that most of the meals are delivered by motor vans with often a distance of 14 miles to cover.

There is a very slight increase in the number of paying cases, but even now too negligible to give any comparative figures. It is still true that there are parents of small income, who will not make application on behalf of their children for free dinners, possibly because, in their view, some stigma attaches. There may be others who consider the distance too great for smaller children, and there remains a large number who will do nothing if they have to pay for meals, and yet whose children would benefit enormously. It may be wondered whether the present system is capable of improvement, for there must be many mothers who would gladly take advantage of a good cheap dinner for their children if there were suitable facilities available for them.

I have pointed out before that, although the Supervisors do all they can, there is a lack of discipline at some Centres. Children should sit down to the meal, clean as regards hands and faces at least. Overcoats, caps, etc., should be removed and the general atmosphere improved. The fact that the children attending all come from poor homes should not mean that table manners are to be forgotten. An improvement is requisite before the Centres are satisfactory. Big children push smaller ones out of the way, and only too often a spirit akin to hooliganism prevails.

Suitable premises are no doubt difficult to obtain, as are Supervisors, but it does not seem possible yet to commence what would be the ideal system, namely, School Canteens where children of all kinds could sit down to a meal together whether paying for it or not. They should not know who is paying and who not—all that is essential is that they should sit down together and eat their meal properly, quietly and slowly. Not too quietly, as it is good to talk over meals. I hope, in the provision of new schools that such a canteen can be introduced.

The quality of the food is excellent and so is the preparation, and the children all seem to be improving. Very little evidence is seen of poor nutrition and the sample investigation as shown elsewhere does not reveal much evidence in support of the theory that children are under-fed. Improperly fed many may be, but they come from every section of society and compulsory attendance would be the only method of securing a square meal for them. Consequently it is the adoption of a wider system that is wanted.

It has been found possible in some places to provide a week's dinners at the cost of 1/- per head for food only, and this is the only charge made—all other costs being met by the Authority.

Not only would children improve greatly, they would learn the meaning of service to each other, learn avoidance of waste and eat meals that they decline to eat at home. They would get variety, which is the spice of meals as well as of life and "learn the proper use of a knife and fork, promoting that ability to eat one's dinner properly which is not mere snobbery but decency."

The meals at the Nursery School and Classes are proving of great value and will undoubtedly develop into an almost universal habit before long.

The practice of giving an apple to each child receiving free meals has been continued during the year.

Milk is a perfect food for children and even for adults, in that all its constituents are capable of being easily assimilated into the system. No one would wish to live on milk alone except in infancy, but there is value in the idea that children need more milk.

Since September, 1935, all milk supplied has been pasteurised, that is, made safe artificially against harmful bacteria, and this must continue until an adequate supply of "safe" milk exists, one risk—a real one—is that of infection by the bacillus tuberculosis. Milk is responsible for a few cases possibly, but the time must be nearly ripe when all milk produced is tubercle free as well as clean

in other ways. The supply of milk to school children is of great importance in any scheme combining education and health.

Towards the end of 1935, a drop in the number of consumers was noticed, but it is gratifying to report that the decrease has now been replaced by an increase and that now more than half the children on roll are having their daily supply, over 38,000 being dealt with in December or over 50 per cent. It is hoped that the increase will continue until every child has his bottle.

The supply to necessitous cases was continued during the holiday periods with the usual unsatisfactory results ; at Christmas the supply was arranged for those children whose parents wished them to continue, but out of the bottles available only half were consumed. The experiment is a valuable one but it is disheartening to find that where necessity exists the response is so poor. Perhaps children stay later in bed during holidays, perhaps they dislike going for their milk, but again one would like to see this issue reach far bigger proportions than it does at present. It is not possible for milk to be issued at every school, but it was available at twenty, so that no child had too big a distance to travel. The time is chosen so that there can be no interference with appetite for dinner, a very important point which is also observed in school supply.

Milk to be of full value should be taken in a suitable way at a suitable time and not allowed to interfere with periods for hygiene or exercise. Therefore, the practice is for consumption to be completed by 10 a.m. daily.

The suppliers have been very helpful and complaints have been few and quickly remedied.

The Milk Scheme works well in Leeds, and both teachers and suppliers deserve the thanks of the community for their interest. It only remains for parents to give greater support.

The general practice is for the teachers to ascertain on Thursday of each week the number of children in the school requiring milk for the following week, and to collect payments in advance. Payment is made by the teacher direct to the dairyman. The return of the number of bottles supplied both on payment and free is initialled daily by teachers and dairyman, and payment is made to the dairymen for necessitous cases on the results of this return. During the year the total number of bottles supplied was 6,496,277, including 66,620 holiday milk, of which number 824,951, including 66,620 holiday milk, were supplied free of charge, representing 11.8 per cent.

The total cost was £13,533 18s. 2½d. and the cost to the Committee for free milk was £1,718 12s. 11½d.

This has remained on the usual lines and from the medical point of view is not completely satisfactory. Whilst 10,819 lbs. have been supplied during the year, the consumption is not what it should be. Children do not always like it, some will not take it and, child-like, dodge when they possibly can. In fine the amount of pure Cod Liver Oil taken by each child is so small that one wonders if benefit is possible. Teachers cannot be asked to do more—parents must take their share of the responsibility. Whether home issue would produce a better result is doubtful.

The need for proper and suitable exercise is one of the topics of the day, although the phrase Physical Education has rather tended to obscure the real point at issue.

Exercise includes physical training, but physical training is not the only part of exercise, in which organised games also take their part and from which the absolute essential—rest—cannot be divorced, nor the accessories, such as, fresh air, diet, clothing, posture and so on. Therefore, in discussing the subject we must remove from our minds any idea that what are popularly known as Physical Jerks are the only essentials of Health Education. Exercise implies rest and not merely a cessation of a particular lesson.

There has been an increasing interest in the subject for some years, and there is no doubt that the syllabus in use to-day is markedly ahead of anything that has gone before, but there are certain points on which the profession of Medicine is competent to advise, although not wishing to interfere with the teaching side. To quote the British Medical Association Report: "One problem of Physical Education is to bring home the knowledge that the body, like the mind, can be directed by the will and to inculcate pride in the proper control of both."

All parts of the human body must have regular use if their fullest energy is to be maintained, and this applies to the brain as well as muscles and joints. Disease or improper use have deleterious effects. Consequently, we must inculcate habits that will not be dropped when schooldays are done and it is for this reason that I prefer the word "exercise." The new born baby gets his daily bath, is encouraged to take his daily exercise until he arrives at the age of walking when his real health education must begin. It cannot be postponed till he is able to understand what he is doing, and why he is doing it. He must take his place in the scheme from the moment he enters school and he should have been doing things before that. In Infants' Departments, in spite of the efforts of devoted teachers, the results are disappointing. These young children need activity of a simple kind suitable to their understanding with the concomitant lessons to suit.

Everyone is aware of the value of breathing exercises ! a young child possibly will not understand nasal breathing, but he can be taught to use his handkerchief and the need for possession therefore. A persistent mouth breather has probably some form of nose block, which may be adenoids or may be catarrh, but no amount of physical training will bring maximum results until that block is removed. Exercises incorrectly performed produce no lasting benefit. Many children still show signs of rickets, and, whilst suitable exercises are beneficial, they cannot produce the same results as they do to a healthy child.

One sometimes sees a class of youngsters in the playground so heavily clothed that activity is impossible, and yet parents are horrified at the idea of out-of-door garments not being worn every time a child leaves the schoolroom.

For toddlers, exercise must consist largely of free play, neither organised games nor free gymnastics being suitable. But the ideal of activity must be stressed and full use made of any form that helps body and mind alike. This is the age that needs closest co-operation between Doctor and Teacher and that calls for the greatest expenditure of energy by the latter. A recalcitrant child may quite easily render a whole lesson valueless and it is difficult to see how any child can derive benefit from physical training unless he is prepared to co-operate. It would appear to be necessary to deal only with the willing and hope that the others will join in on their own. Compulsion is not practicable, the will to co-operate must exist. One does see many splendid examples of simple Folk Dancing done indoors and one sees the desire on the part of teachers to render clothing as suitable as possible, but removing superfluous garments and changing shoes into something suitable is not yet universal and I doubt if it is feasible for the supervision thereof to be added to the teacher's duties. If halls could be reserved for physical training and not for assembly, it might be possible to improve the condition of the floors, which so frequently are merely mats on which the outdoor boots deposit their accumulated dirt, which is rapidly flung into the air. Proper shoes and clothing for children of all ages are an essential if this training is to produce its best results. How far this is possible in babies classes may be matter for discussion.

Again, all such training would be better done out of doors when climatic conditions permit, but a good hall is of much assistance. Every toddler's class should be provided with rest beds, and a proper period of relaxation after exercise insisted on. But there are other essentials, such as the bath after exercise, without which much of the value is lost. Feeding too is of great importance implying a

suitable supply of food stuffs suitably prepared at suitable intervals. As the British Medical Association Report puts it :—" A comprehensive scheme of physical education includes instruction of elementary physiology and in the general principles of healthy living."

For the Elementary Schools their recommendations include :—

- (a) A daily period should be devoted to some branch of organised physical training in all Junior and Infant Schools. Pupils attending Senior Schools should have three normal periods of gymnastic training each week in addition to periods for games and swimming.
- (b) This training should be taken in appropriate costume which should be provided for children unable to provide their own.
- (c) Gymnastic training should not be regarded as subsidiary to field games and athletic sports, and the need is stressed for proper playing fields especially in new housing estates, and the re-conditioning of many unsuitable playgrounds at present existing.
- (d) The provision of suitably equipped gymnasia including changing rooms and shower baths, and the provision in Infant Schools of a physical training room other than the Hall.

How can some of the recommendations be carried out in Infants' Departments? This is a pertinent question, because it may mean a re-organisation of the school. This work should be reserved for the younger teachers, and will later necessitate the employment of nursery helpers for dressing and undressing.

There is one further point which has not been made clear and that is the relationship of the physical training teacher to the Doctor, especially as regards children who are either unsuitable for certain exercises, or for whom special exercises are required.

It will be easier for the teacher if those in the first category, *e.g.*, certain forms of heart disease are excused exercise, and if those in the second, *e.g.*, postural curvatures of the spine are all sent to remedial exercises classes. In practice it will be better to deal with every child in its own environment and the Doctor must give his advice on what the child should or should not do and this will mean the presence of the teacher concerned at Medical Inspection, so that information is first hand and not hearsay. There are still too many children denied all physical education by medical certificate, who would be far better having some, and in big departments it may prove possible for every child to get suitable instruction in small

groups, whilst in smaller schools the teacher might be expected to restrict the energies of certain children.

Thanks to the assistance of the organising staff, we have progressed somewhat on the road and teachers have been very helpful as usual, but there is much to be done before we can claim that any particular child is getting the physical education that he requires for his proper placement in life. Exercise must go on after he leaves school with even greater vigour than before. This is the dangerous stage, when all sense of discipline is lost, and the idea of freedom (which generally means doing as we like) becomes predominant. Any idea of compulsion is hateful, and certainly will not succeed. Keep Fit Classes will not benefit those who are not triers. So we return to the idea that exercise should be made so attractive at school that on leaving the adolescent will himself take steps to continue, but it must be possible for boys and girls to continue both their gymnastics and organised games. For these greater use of existing gymnasia and baths are essential as well as increasing provision of playing fields, of which the city stands in need.

An interesting experiment has been made in two schools, where the postures of all the girls over 11 have been examined. The schools were deliberately chosen as a contrast—one draws the majority of its children from homes where the income is above a bare subsistence, and the other from poor homes, and from homes on a Housing Estate recently filled from a clearance area. In addition, the first school is noted for the excellence of its Physical Training Scheme, while the second group of girls, for reasons outside the School's control, has certainly not had the advantage of an equally good course of Physical Training. The desk accommodation of both schools is similar.

Of the 175 girls examined in School A, 34 were found to have postural defects. But of these, 15 had either been excused Physical Training owing to organic heart disease, etc., or had been transferred recently from other schools, so that only 19 girls who had had the benefit of the School Scheme had unsatisfactory postures.

In School B, 200 girls were examined and 74 were found to have postural defects—a striking contrast. Scoliosis, lumbar lordosis, poking heads, flat feet and round shoulders, were equally common.

In dealing with the problem we have had most valuable co-operation from our colleagues in the Physical Training Department. The 34 girls in School A, are being divided into small classes, according to the type of defect, and are receiving

suitable corrective remedial exercises in school. School B presented a more difficult problem owing to the large numbers involved. It was decided to reclassify the 74 cases, adding the worst ones to the waiting list of the appropriate Masseuse, arranging for the teacher to take some remedial work for a second group, and merely observing the progress of the third and mildest group following the arrangement for a daily period of physical training for the whole school, which the Head Teacher is now arranging, instead of the previous twice weekly period.

It is the first time that definite remedial classes have been undertaken in our schools by teachers with physical training experience under the guidance of the Physical Training Organisers, and it will be interesting to follow the experiment.

If mild degrees are included, the number of cases of postural defect throughout the city is far greater than our present clinic staff can deal with and incidentally, treatment at School will cause less interference with education.

It will be interesting too to watch the rates of progress in the two schools, which provide a distinct contrast in the nutrition of the children as well as in the previous physical training scheme.

The question of posture cannot be separated from that of nutrition. The number of cases in school B classified as group 4, or bad, was no larger than that in school A. On the other hand, a distressingly large number in school B was classified as group 3, or of subnormal nutrition. If not actually undersized or under weight, they were flabby, lacking in alertness, sometimes pale, or showing some stigmata of old rickets. In the majority of cases there was a history of unsatisfactory diet, due to poverty or mismanagement, of overcrowding, insufficient sleep and an inadequate number of baths.

Again, in considering posture one must pay due attention to school furniture. The wide variations in physique found in the same class are not yet sufficiently catered for, and in some cases class teachers are not sufficiently alive to the necessity for encouraging correct posture in class, as well as in the physical training lessons, and thus making the best use of the furniture already provided.

In connection with the general movement to improve the national physique "Keep-Fit" classes have been added to the Physical Training already provided in the Evening Institutes. Sixty-eight women's classes are in progress, forty-eight of which are purely of the "Keep-Fit" type and there are 51 classes for men. As far as possible the classes are arranged to suit various ages.

A number of women teachers received a course of instruction in the summer to enable them to lead the "Keep-Fit" classes. Many already had some experience in the teaching of physical training, but it was felt that emphasis should be laid on the adaptation of various exercises to people of older years. In this respect the help of the Medical Officers was requested, and one took part in the class in order to give practical advice. It was suggested that exercises involving rapid dropping or swinging of the head and trunk were not suitable for people of older years. It was also emphasised that it was very necessary to impress on the teachers that rests should be given between the exercises. In their keenness they tended to give the hour's lesson at the same speed as the twenty to thirty minute school lesson. A considerable slowing down was essential to success, as members of a class prefer to stay away rather than admit their inability to keep up the pace.

Elsewhere I have referred to the need for physical exercises to be taken out of doors whenever possible. Otherwise, one finds many lessons being taken out of doors or in the Parks when opportunity occurs and many school journeys have been undertaken. Open-Air
Education.

The new School Camp was opened for a very short time owing to the time taken over moving and rebuilding, but I was well satisfied with the lay out with the exception of one or two small details.

The water supply appears to be adequate, and the filtration plant of a very useful type.

It is hoped that full use can be made of the Camp this year, which possesses many advantages over the old hired site.

Various additions should be possible, including a swimming bath as well as showers, and the closeness of electricity may well permit the Camp being open for many weeks longer in future. There is room for more huts if they are needed, and great benefit would accrue if more children could get to Camp. The question should be—How many desire to go? and not merely—What is the accommodation?

There is an increase in the number of attendances for minor ailments at the School Clinics, of which some part is due to a better attendance by those children who receive Cod Liver Oil and Malt there. Minor Ailments
and Skin
Diseases.

The Hunslet Clinic, which includes the Sub Clinic at Middleton, has had the busiest year, whilst those serving slum clearance areas show considerable drops.

Again one must remark that a supply of hot water in schools, whereby minor injuries could be dealt with more satisfactorily, is still to be desired.

Visual Defects
and Eye
Diseases.

The treatment of external eye diseases again shows a decrease both in the number of cases treated and the number of attendances.

At the request of Mr. Black, one severe case has been boarded out and attended the Open Air School with definite improvement, although the girl is not yet cured.

The Nursing Staff has continued the testing of the visual acuity of all children due for routine inspection. In the case of Infants this duty, though frequently tedious, is important, and required repeated attempts in some cases until a correct result by either "sounding" or "matching" letters can be obtained. It is rare that such a result is not obtained after a child has been in regular attendance for a few months.

The parents of all children whose vision does not reach the required standard are notified and given the opportunity of clinic treatment, even those younger children whose vision was formerly untested.

In all 4,935 refractions have been done by the staff during the year, including the annual review of myopic cases and other retests. Included in this figure are 838 of the younger children and the appended Tables show the results of their examinations.

TABLE I.
Analysis of Infant Children's Vision Enquiry,
1933-34-35-36.

	R.	%	L.	%
Emmetropia	57	2.7	52	2.4
Emmetropic Astigmatism.. ..	61	2.9	37	1.7
Hypermetropia	1,047	49.3	1,009	47.5
Hypermetropic Astigmatism	664	31.2	733	34.5
Myopia	111	5.2	111	5.2
Myopic Astigmatism	79	3.7	81	3.8
Mixed Astigmatism	106	5.0	101	4.8
Anisometropia	458 or 21.6%.			

Cases dealt with in 1936, 838.

Glasses prescribed in 677 Cases, or 80.8 per cent.

Glasses not prescribed in 161 cases, or 19.2 per cent.

TABLE II.
Analysis of Defects Discovered in Young Children.

AGE		3		4		5		6		7	
SEX		Boys		Girls		Boys		Girls		Boys	
Emmetropia	R	..	1	2	2	5	2	2
	L	..	1	1	2	5	1	..
Emmetropic Astigmatism	R	..	2	2	4	..	2	..
	L	..	1	3	2	1	2	..
Hypermetropia	R	7	12	16	95	49	88	67
	L	6	11	15	57	47	86	62
Hypermetropic Astigmatism	R	1	3	4	28	30	49	47
	L	2	3	5	11	36	54	56
Myopia	R	..	..	2	3	1	3	11
	L	..	..	1	3	..	3	11
Myopic Astigmatism	R	..	..	..	2	7	2	6
	L	..	..	..	2	6	2	7
Mixed Astigmatism	R	..	..	..	5	2	12	6
	L	..	..	..	..	..	1	7
Anisometropia	R	1	1	5	11	13	16	23
	L	..	..	..	..	..	26	21

TABLE III.
Analysis of Defects found in Older Children.

AGE	SEX	8		9		10		11		12		13		14	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Emmetropia	R	6	3	3	5	3	7	2	6	9	5	2	9	—	—
	L	7	2	3	2	4	6	2	4	6	7	2	9	1	—
Emmetropic Astigmatism	R	5	2	3	5	—	5	3	6	3	4	4	3	3	1
	L	6	3	4	7	2	5	3	6	4	1	7	6	2	—
Hypermetropia	R	70	58	73	56	52	50	67	48	73	68	53	63	8	7
	L	71	59	65	56	49	52	68	42	71	57	50	48	7	7
Hypermetropic Astigmatism	R	73	57	55	60	52	30	42	43	66	66	44	51	10	9
	L	75	53	61	60	55	35	42	54	67	72	46	58	11	8
Myopia	R	18	16	30	38	40	52	54	63	88	78	52	73	20	29
	L	18	17	30	36	39	47	51	55	84	77	50	75	10	28
Myopic Astigmatism	R	3	12	5	13	10	16	14	23	15	11	12	13	4	4
	L	3	11	6	15	8	17	10	20	15	13	11	16	5	6
Mixed Astigmatism	R	17	19	12	18	11	16	14	21	15	20	15	10	7	6
	L	12	20	11	19	11	20	20	20	20	22	16	10	8	7
Anisometropia	R	43	33	30	38	35	44	33	39	52	52	35	46	4	7
	L	43	33	30	38	35	44	33	39	52	52	35	46	4	7

5 Children have error of refraction in one eye only.

The standard of visual acuity accepted as not requiring refraction is that the child can see at six metres what should be seen at twelve. Children with vision worse than this are always recommended for refraction as well as those with other signs, such as headache. All these children are subject to annual re-inspection.

There is still much time wasted at the clinics because appointments are badly kept, two and often three invitations having to be sent, and children still arrive with the parent's consent forms unsigned. A child cannot be tested unless the consent form is signed.

During the year 6,934 children were reported to require treatment for defective vision or squint. Of this number 4,935 were examined at the School Clinic. Spectacles were prescribed in 3,508 cases, treatment other than spectacles was recommended in 88 cases and no treatment was considered necessary in 1,278 cases. 4,702 pairs of spectacles were supplied under the Committee's contracts which includes replacement of broken or lost spectacles without further refraction.

Myopes.—Dr. Wood has continued his investigation into the rate of increase in the degree of short-sightedness, and reports that the figures obtained in 1936, combined with those previously obtained, are shown in the table below.

**Annual Increase of Degree of Myopia in Children
Observed over the Years, 1932-33-34-35-36.**

AGE	Number of eyes refracted.		Average Rate of Increase.	
	R	L	R	L
6-7	66	64	·60	·58
7-8	127	126	·50	·54
8-9	335	338	·48	·51
9-10	625	624	·45	·47
10-11	653	641	·46	·48
11-12	595	506	·45	·44
12-13	514	514	·41	·42
13-14	203	202	·37	·35
14 and over ..	54	53	·41	·44

Total number of Myopic eyes examined 6,330.

As the investigation has now covered 5 years, I conclude that the nearest measurable amount of increase is $\cdot 5D$ per year, although the actual amount lessens year by year.

The investigation will continue.

At Hunslet Clinic the weights and heights of those short-sighted children coming up for their annual re-test have been recorded if the child will not have left school before the 1937 re-test. This attempt to correlate the connection between bodily growth and growth of the eyeball, *e.g.*, increase in the degree of short-sight cannot of course give any result until the end of 1937.

All students at the Physical Education course at Carnegie Hall, who suffer from short-sight, have been seen, the visual acuity taken without and with their glasses, a re-test being advised where considered necessary, and a fundal examination made. It is proposed to see these students again at the completion of their course and to re-examine the eyes for any deterioration. The results of this small research will, we hope, give a pointer to the effect, if any, of violent exercise on the short-sighted eye. It is of interest that one student said his sight was keener since he had been taking the course, no doubt the result of the improvement in general health.

The following terms are used in connection with defective vision :—

E—an Emmetropic eye is a normal eye which, when at rest, is focused on infinity.

H—an Hypermetropic eye is a long-sighted eye, corrected by a convex lens.

M—a Myopic eye is a short-sighted eye, corrected by concave lens.

Astigmatism is a condition where parallel rays of light entering the eye, in two axes at right angles, are focused at different depths in the eye. This is corrected by a cylindrical glass.

Mixed or Compound Astigmatism is where one axis is short-sighted, the other long-sighted.

Anisometropia is a condition where the focus of one eye is different from that of the other. Here a difference of 1 Dioptre or more in sphere or cylinder in the two eyes is considered to be anisometropia.

A lens of 1 Dioptre strength is one which focusses parallel rays of light at a distance of 1 metre.

A lens of 2 Dioptries strength is one which focusses parallel rays of light at a distance of $\frac{1}{2}$ metre.

A Snellen Test Card has rows of letters of calculated size, the letters being smaller in each successive row from above downwards 6/12 means the eye can only read at a distance of 6 metres, what a normal eye can read at 12 metres. The rows are sized 6/60, 6/36, 6/24, 6/18, 6/12, 6/9, 6/6. 6/6 shows normal visual acuity. Each eye is tested separately.

Ear, Nose and
Throat Defects.

The findings remain much as usual, and it does not seem possible to claim any decrease in the number of cases of discharging ear treated during the year, but there is no doubt that the type seems less severe than formerly, and much credit can be given to the persistent nasal douching practiced by the children.

Mr. Sharp, who first began his supervision of this work in 1919, has held 78 sessions at the Central Clinic during the year, during which 1,525 new cases have passed through his hands. These include all kinds of ear, nose and throat defects referred for advice either by Parent, Medical Officer, or Private Practitioner. The number for whom operative treatment was advised is 578, and the parents of 330 made immediate arrangements, either under the Authority's Scheme or that of the Workpeople's Hospital Fund. In addition, many cases are referred to the Dispensary for X-rays and for forms of treatment not possible at a clinic.

The acquisition of a pure tone audiometer will prove of great assistance in separating children with defects of hearing. These defects are variable in degree as explained in the section on the deaf, but the apparatus is giving valuable guidance as to the degree of serviceable hearing the child possesses and to the form of educational treatment indicated.

There are insufficient data available for a full report, but the matter will be dealt with at a later date.

Summary of Ear, Nose and Throat Work, 1936.

	Ear.	Enlarged Tonsils.	Adenoids.	Enlarged Tonsils and Adenoids.	Other Conditions.	TOTAL.
Number of cases of Ear, Nose and Throat Defects referred by School Medical Officers for treatment ..	2,225	935	69	1,280	2,002	7,441
Number of cases which have received operative treatment—						
By the School Medical Service ..	1	—	0	81	0	100
By General Practitioner or Local Hospital	49	21	2	1,507	57	1,006
Other Forms of Treatment—						
By the School Medical Service ..	1,491	81	61	739	006	3,278
By General Practitioner, Local Hospital or otherwise	630	727	8	38	1,533	2,936
TOTAL TREATED	2,171	829	80	2,425	2,505	*8,010

* This figure includes all children of school age sent by General Practitioners as well as the School Medical Officers, treated during the year at Local Hospitals.

The following Table shows a summary of the year's work :—

	In 1936.	Since Inception of Scheme.
Number of Children examined by the Orthopaedic Surgeon—		
New Cases	268 (246)	3,009 —
Reinspections	906 (1,025)	6,739 —
Number of Children recommended for—		
(a) Operative Treatment	39 (46)	680 —
(b) Surgical Appliances	152 (152)	1,720 —
(c) Remedial Treatment	132 (164)	1,663 —
Number of Children treated under the Committee's Scheme—		
(a) Operative Treatment	8* (13)	302 —
(b) Surgical Appliances	136† (140)	1,598 —
(c) Remedial Treatment	124 (157)	1,616 —
143 children have been discharged as cured.		
Number of Cases sent to Country Hospitals	2 (2)	62 —
There are two children still in a Country Hospital.		

*Although the Education Committee has only been responsible for the cost of eight operations, actually twenty-five have been arranged through the Orthopaedic Scheme. One was performed at St. James' Hospital, and the remainder performed at the Leeds General Infirmary with no charge to the Education Committee, because in thirteen cases the parents contributed to the Leeds Workpeople's Hospital Fund, in two to the London, Midland and Scottish Railway Hospital Fund, and in one to an Employers' Private Hospital Fund.

†In 64 cases appliances were supplied free, or parents were allowed to pay by instalments.

44 children have been X-rayed at the Leeds General Infirmary.

The new cases seen during the year are classified as under :—

Rickets	101
Curvature of Spine	39
Paralysis	23
Tuberculosis	8
Others	97

Dr. Holoran reports :—

“ The Orthopaedic Scheme for the past year has included :—

1. Consultant sessions by Mr. Daw.
2. Arrangements for operative work and X-ray films in collaboration with the Leeds General Infirmary, St. James' Hospital and the City of Leeds Health Clinic.

3. The work of the Cripple School at Potternewton Park.
4. Massage and remedial work at the School Clinics.
5. Collaboration with the Physical Training Organisation Department over certain matters of posture, 'Keep-Fit' Classes, etc.

In considering the cases that have come before Mr. Daw, one notices a gradual reduction in the number of cases of severe crippling, and particularly of severe rickets. This is due to a variety of factors, including the improved education of the public in obtaining earlier treatment for deformities and in this respect the work done by the Maternity and Child Welfare Department is the most important factor. The records from that Department are passed to the School Orthopædic Clinic when the child reaches 5 years of age, and as both departments are under the supervision of Mr. Daw, continuity of treatment is ensured. It is also noticeable that parents are more ready to accept operative treatment when advised, the number of refusals being relatively small.

In addition to cases referred to Mr. Daw the School Medical Officers deal directly with the milder cases of postural defects, rickets, etc. Some cases are referred to the appropriate Clinic for massage, whilst others are kept under observation in school, after the Head Teacher has been advised that special attention to the defect is advisable.

Increasing use is being made at the Clinics of small classes for remedial exercises, consisting of four to six children suffering from the same type of defect. Larger groups of children are not practicable as considerable individual attention by the Masseuse is required.

Mr. Daw writes on :- "The Trend of Orthopædics. The treatment of the deformed must be considered from two aspects - 1. Preventive measures, 2. Curative procedures.

These cannot be classed as watertight compartments of the problem, since in the early days of developing deformities, one has sometimes to prevent the increase of deformity as well as to cure, if possible, the degree already present. This, which may be called 'combined treatment' constitutes the work of the Orthopædic Clinics of the Infant Welfare and Education Departments in Leeds.

Obviously, with the increasing age of the child, the problem becomes less one of prevention and more one of cure. It is fortunate, therefore, for the children of Leeds that there are opportunities

for treatment before the school age is reached. There seems little doubt that this has led to a decrease of the severity of the deformities as seen when school age is reached. Practical experience supports this theory.

It may be said, therefore, that from the time of the appearance of the child in one of these clinics, the problem is well in hand. Developing deformities are checked, many are cured by general means, while in those requiring operation there is rarely any objection made by the parents, and the results give satisfaction to all concerned. But there is no room for national complacency. Except in the case of deformities existing at birth, it is a reproach to all that the majority of deformities are allowed to be possible. Tuberculosis, rickets, infantile paralysis and postural deformities are the principal causes of crippling.

Malnutrition and infected milk, overcrowding and bad hygienic conditions, lack of sunlight, infections generally—these are all potent factors in the production of cripples. In an ideal state these factors should be eliminated. It is one of the great tasks of civilisation to reduce and finally to eliminate these causes."

Acute
Rheumatism and
Heart Disease.

There is no change to record either in the incidence or method of treatment.

The Committee has given much consideration to the suggested residential block at Lawns House and it is hoped that this year will see the commencement of this much needed service.

One must take this opportunity of reminding the Committee that the ideal is the prevention of heart disease by dealing with rheumatism at its early stages, and not simply tinkering with badly damaged hearts.

So much has been written in previous reports on this subject that has received your sympathy, that it is unnecessary to reiterate.

Two points only will be mentioned :—

1. It is a school not a hospital.
2. Prevention is the objective, cure is rarely possible.

Tuberculosis.

I append a Table received from Dr. Tattersall, showing all known cases still shown on the register, which may be thought to be at variance with that supplied to the Board, which only requires certain information. This includes children of all ages up to 15, and does give a graphic picture of the incidence.

Remaining 31.12.36			Pulmonary			Non-Pulmonary			Total	Gross Total
			T.B. —	T.B. +	Total	Bones and Joints	Abdominal and other Organs	Peripheral Glands		
Boys	..	..	160	3	163	49	25	69	143	306
Girls..	..	..	148	7	155	48	15	55	118	273
			308	10	318	97	40	124	261	579
Diagnosed 1936 and included above :—										
Boys	..	..	28	—	28	14	3	18	35	63
Girls	..	..	30	4	34	10	6	16	32	66
			58	4	62	24	9	34	67	129

Actually under treatment on the 31st December in Sanatoria
or at the Health Clinic there are :—

	BOYS.		GIRLS.		TOTAL.	
For Pulmonary Tuberculosis	..	21	..	27	..	48
For Non-Pulmonary Tuberculosis	20	..	29	..	49	
For observation	..	..	..	9	..	21
Waiting admission	..	..	—	..	—	6

All the other cases shown in the Table are included amongst
the delicate or crippled children in the Board's Tables.

I am much indebted to Dr. Tattersall and his staff for their
assistance.

REPORT OF THE SENIOR SCHOOL DENTAL OFFICER

Mr. R. DRUMMOND KINNEAR, L.D.S., R.C.S.

The second full year of the operation of the revised conditions of dental treatment amongst school children has done much to justify the drastic changes which were carried out in 1934. It is still far too early to state that all that was aimed at has been achieved—that cannot possibly be for quite a number of years—but the report which follows will show that the correct methods have been adopted and are slowly taking shape.

It is again necessary to report that an inspection and treatment of all eligible children in the City has not been possible during one year, for although the gap has been closed to some extent, the amount of work to be done is beyond the capacity of the staff to deal with in that period. The old evils of extended intervals between inspections are still showing and in view of the mode of treatment which it is necessary to adopt in order to render and maintain the children dentally fit, little or no diminution can be hoped for in the volume of work beyond the present point. It is desirable that the requirements, present and future, of the area should be dealt with in a systematic fashion so that wastefulness may not occur through insufficient man power.

Staff.—The staff consists of 12 Dental Surgeons and 12 Attendants and the Clinics are as follows :—

CENTRAL, adjoining Education Offices	..	3 Surgeons.
ARMLEY, 29, Town Street	.. ..	2 Surgeons.
BURLEY, Willow Road	.. ..	1 Surgeon.
EAST LEEDS, Harehills Lane, York Road	..	2 Surgeons.
EDGAR STREET, York Road	.. ..	1 Surgeon.
HOLBECK, Sweet Street, West	.. ..	1 Surgeon.
HUNSLET, Powell Street	.. ..	2 Surgeons.

The clinics continue to meet the needs of the children attending them from the point of view of accessibility, in a fairly satisfactory manner. The shifting population in certain areas has been the cause of considerable disorganisation and has, despite every precaution, been the cause of numbers of children missing treatment

at the proper time. The number of children rendered dentally fit would have been considerably greater but for this movement of the population from district to district. It is to be hoped that the dentists will be able to 'catch up' with such children before irreparable harm is done to their mouths. These cases have resulted in a much greater extraction of permanent teeth than should occur and have been instrumental in adding greatly to the time taken to complete the treatment in individual schools.

Equipment. As reported last year the new equipment has proved itself of great value, and so has justified the expenditure. The average number of fillings per session (9.2) is in part a tribute to the advantages of the Unit Equipment.

The X-Ray machine has been a great boon although it has to be admitted that the invitations for X-Ray photographs do not always receive a good response. The children appear to regard this with some apprehension which should be eliminated as the simple process involved becomes more generally known. An extension of the use of the X-Ray plant with its great benefits to the patients is indicated.

Mr. Shaw states :—

"The machine has proved itself of great value in numerous cases where judicious and early extraction would relieve overcrowding and irregularities. Such difficult conditions to diagnose as pulp stones, cysts and growths in the bone of the jaws causing pain and even loss of power of mastication—unerupted or supplementary teeth—calculi in the ducts of salivary glands causing pain and swelling only too readily mistaken for other conditions, are all made clear by the X-Ray film."

The McGill gas and oxygen machine continues to give very satisfactory results. The day is fast approaching when the ordinary type of 'straight gas' stand will be obsolete.

Mr. Shaw again reports on this machine :—

"The McGill gas and oxygen machine has been shown to be very necessary. Many children have been given successful anæsthetics where a bad heart condition exists, making gas without oxygen dangerous. Also, by being able to use the two gases indefinitely by the nose, difficult extractions may be undertaken with comparative ease."

Progress.—The table on the following page shows the work of the department for the year ended 31st December, 1936. The interval between inspections of each school remains at approximately 16 months despite intensive efforts to overcome this

defect in the Scheme. As estimated in the last Report the staff in Leeds has to deal with a number of children in the region of 28,000 who are all prepared to accept full treatment and while the amount of work per child may be reduced through regular attention this can only be counted upon where the child is seen at intervals not exceeding 12 months. The time taken to treat each child does not so much depend upon the number of cavities but upon their extent and position. One medium sized cavity may take as long to fill as say four of another type. Intervals of more than 12 months always mean that the larger and less satisfactory type of cavity is presented for treatment, and this in turn means that more visits per child are necessary. Some 10,000 children received no routine attention during the year and cannot possibly be completed until April or May at the earliest. A continuance of this position can only increase the already too great intervals. Until such time as the staff can deal with the children prepared to accept attention in a period of 12 months, real results and progress will remain beyond our reach.

The acceptance rate has remained almost constant at approximately 65% and as this is already more than the staff can deal with no particular effort has been made to increase the rate. Definite steps are taken to ensure that if possible all children who come within the Scheme remain there so that the work of one year may be carried on and not completely wasted. A change of mind on the part of parent or child seldom seems to be made for any good reason, and where contact is established with such cases they generally change their minds again and attend for treatment. It is, however, noticeable that the interest of parents has definitely been aroused, even if only the beginnings of that interest which one might reasonably expect parents to show in the dental welfare of their children. Signs are not wanting that regular dental attention is now being considered as a serious necessity rather than a convenient and specific cure for "toothache."

Summary of the Work of the School Dental Service, 1936.

	No. Inspected	No. Referred	% to Inspected	No. Treated	% to Referred	Fillings	Fillings per child Treated	Permanent Teeth			ANÆSTHETICS		SESSIONS,*	Attendances for Treatment	Other Operations	
								Extractions: Unsaveable Extractions	Regulation	Teeth	General	Regional				Inspection	Treatment
1. Elementary ..	23,141 (16,084)	20,317 (14,956)	87.8 (93.0)	10,006 (11,883)	83.2 (79.5)	35,121 (23,267)	2.07 (2.0)	5,644 (4,046)	2,146 (1,082)	26,126 (16,997)	11,102 (7,630)	6,231 (3,683)	156 (111½)	5,109 (3,657½)	34,210 (21,853)	5,005 (4,599)
2. Secondary ..	339 (988)	288 (883)	85.0 (89.4)	342 (623)	118.7 (70.6)	1,492 (1,858)	4.4 (3.0)	130 (263)	55 (93)	79 (107)	123 (247)	697 (376)	3 (7)	172 (245)	621 (1,287)	207 (224)
3. Special ..	532 (499)	400 (411)	76.0 (82.4)	300 (372)	95.4 (60.5)	633 (620)	1.6 (1.7)	291 (124)	135 (24)	285 (404)	327 (201)	183 (104)	3 (3)	65 (85)	688 (538)	49 (150)
Total 1, 2, 3 ..	24,012 (17,571)	21,014 (16,250)	87.5 (92.5)	17,638 (12,878)	83.9 (79.2)	37,246 (25,754)	2.1 (2.0)	6,065 (4,433)	2,336 (1,109)	26,490 (16,608)	11,642 (8,078)	7,081 (4,163)	162 (121½)	5,376 (3,687½)	35,810 (26,678)	5,258 (4,664)
Miscellaneous																
Remand Homes, etc. ..	(8)	(5)	(62.5)	(81)	(-)	(50)	(.6)	(71)	(4)	(76)	(69)	(10)	(-)	(10)	(116)	(36)
Casuals ..	6,178 (7,497)	6,178 (6,963)	100 (92.0)	6,120 (6,419)	99.1 (92.2)	—	—	1,372 (1,733)	—	8,095 (9,218)	5,875 (6,355)	—	—	—	9,178 (6,419)	506 (211)
Special Casuals\$ (All Schools)	346 —	346 —	100 —	346 (539)	—	—	—	263 (480)	—	485 (672)	345 (534)	—	—	—	346 (539)	—
GRAND TOTAL ..	30,530 (25,076)	27,538 (23,218)	90.2 (92.6)	24,104 (19,917)	—	37,246 (25,804)	—	7,700 (6,717)	2,336 (1,203)	35,970 (26,574)	17,800 (15,036)	7,081 (4,173)	162 (121½)	5,376 (3,697½)	42,343 (33,753)	5,764 (5,211)

Average No. of Fillings per Session 9.2 (8.5). Average attendance per Fillings Session 5.6 (5.2).

*In addition, 189 sessions were spent in supervisory X-Ray and Orthodontic work, Dental Officers' Conferences, etc. (169½).

†Treatment of "Casuals" takes place at the end of Routine Sessions on two occasions per week in each Clinic. Approximately 630 hours were so employed (69).

‡Sum of these cases were referred for treatment towards the end of 1935.

\$Special Casuals are children who have refused treatment but are subsequently treated by Extractions for the relief of pain and by appointment only.

Mr. Gray reports :—

“ The attendances for treatment are more satisfactory and a pleasing feature is the number of parents who accompany their children to the clinics. A word of explanation to them regarding the amount and type of treatment being carried out has resulted in the children returning to have the work completed with very few exceptions, and at the same time it is noticed that there is a decided move to keep the mouths clean.”

Such an awakening interest on the part of the parents is very welcome and vitally necessary. The attendances for treatment vary greatly in different schools and where the attendance is bad there also is found a greater proportion of incompleting cases. Undoubtedly a great deal of time is lost in dealing with this problem, but as the real reason for the trouble is lack of knowledge on the part of the parents and children the time spent in the effort to enlighten them is justified.

All schools in the City have now been brought within the new scheme and some have been dealt with twice under these conditions. Approximately 45 per cent. of the school children in Leeds have been made dentally fit since the inception of the new scheme but much of that will be lost as the cases are not likely to be seen again for more than 12 months.

An inspection through many of the schools in the City will reveal the great improvements resulting from the system of treatment now in force. It is a perfectly simple matter to distinguish between those who have accepted the scheme and those who have not. That there are so many children whose mouths advertise the fact that they have not received treatment indicates the necessity for propaganda amongst them, but as this would only result in more work for an already over-loaded staff it cannot be considered advisable to undertake such educational work, under existing conditions.

Owing to the moving population it is not possible to give accurate comparisons of the work necessary in a school at the second inspection with that of the first visit to the School. It can, however, be stated that those children who completed treatment at the first inspection do not require the same amount of work to put the mouth again in order. It has been possible without any lowering of the inspection standard to refer 5 per cent. fewer children for treatment. This figure in itself does not indicate fully the improvement in the dental condition of the children.

The important point is that the fillings inserted at the second visit to a school are generally of a different type from those of the

previous year. The latter were usually in teeth which were definitely decayed more or less extensively and was merely palliative work as distinct from the work of the past year when a large percentage of the fillings have been of a preventive nature.

Writing on this factor in our work, Mr. Gray says :

" During the year just past, in the area under my care, it has been possible to inspect and begin the treatment of the children who have already received treatment under the new scheme, and it is gratifying to find that compared with the previous year much less extensive treatment is required in the individual cases. This time, two or three visits to the Clinic may suffice to complete the case, and in many cases one visit is sufficient to render the mouth again satisfactory. This fact permits of more rapid progress being made but not however sufficient to reduce the time between each treatment to one year. The work so done is assured of a greater degree of success. More time can be devoted to prophylactic measures which previously had to be omitted purposely in order to deal with the glaring defects of the mouth."

On the basis that the fissures of all teeth will eventually decay, except in a very limited number of children who appear to be immune to dental caries, it is sound policy to remove the fissures at what can be termed the ' pre-carious stage ' and replace them with a metallic filling giving a self-cleaning surface to the tooth. This type of work is definitely of a preventive character, and has been proved in actual practice over many years, and the earlier it can be carried out the better. Such work should ultimately largely eliminate the necessity to perform extensive and doubtful fillings and the already formidable extraction of permanent teeth.

SUMMARY OF WORK PER 100 CHILDREN TREATED			
		Leeds.	1934. Country generally.
Fillings in permanent teeth	..	154 (130)	67
" deciduous teeth	..	0.3 (0.2)	7
Extractions of permanent teeth	..	41.6 (40)	33
" " deciduous teeth	..	149.2 (180)	155

Figures in brackets are those for 1935.

The figure for the extraction of permanent teeth can be accounted for under four headings :

- (a) Too great interval between inspection and treatment.
- (b) Transference of sections of the population from one district to another whereby many children may not receive treatment for two years.

- (c) Greater attention has been paid to the relief of overcrowding in the mouths by the simple extraction of probably sound permanent teeth. Compared with the previous year 1,133 more teeth were removed for this purpose, generally with great benefit to the mouths.
- (d) Lack of routine inspection and treatment for children under 6 years of age.

Despite the number of permanent teeth extracted it has been possible to conserve by different methods 28,259 permanent teeth giving a ratio of permanent teeth saved to unsaveable permanent teeth extracted under routine treatment in the order of approximately 4·6 to 1. The conservation of these teeth has involved the insertion of 37,181 fillings along with 544 other operations for the same purpose.

The number of children who enter the Scheme at the age of 6 to 7 years with their four 'six year molars' in an unsaveable condition is disturbing. This has been referred to in previous reports but routine attention for these children without an adequate staff would only further jeopardise the work amongst the older acceptances. It is a debatable point which is the greater evil—to continue to allow these very young children to remain untreated until they enter the Scheme at 6 years of age with mouths already damaged beyond lasting repair, or to increase the intervals between inspection and treatment for the whole Scheme by granting the under age children attention as soon as they enter school. That such a policy might mean the inclusion of some further seven thousand children into an already understaffed scheme can only increase the gravity of the situation but steps will have to be taken to deal with these children before many years have passed if real efficiency is to be reached.

SUMMARY OF FILLINGS.			
	Number of Fillings.	Per cent. to total.	Number of teeth filled.
Silicate	1,178 (538)	3·2 (2·1)	801 (452)
Cement	597 (493)	1·6 (1·9)	556 (414)
Amalgam	16,572 (13,030)	44·5 (50·5)	12,501 (10,744)
Cement and Amalgam	18,367 (11,320)	49·3 (43·9)	13,612 (9,508)
Cement and Silicate ..	532 (423)	1·4 (1·6)	310 (355)
TOTAL	37,240 (25,804)	— —	27,780 (21,473)

The figures in brackets are those for 1935

It will be noticed that the number of fillings lined with cement has risen. This may take more time but is generally regarded as more satisfactory. The mere removal of 'surface caries' is of little avail. Cavities must be extended in every direction to remove as far as possible microscopic decay and it usually follows that the cavity must be lined with cement to prevent thermal changes in the pulp. Even in very shallow cavities, the cement lining has definite advantages. With the use of regional anæsthetics for difficult cases there is no reason why this work should not be a routine measure.

SUMMARY OF OTHER OPERATIONS.							
Permanent teeth treated with Silver Nitrate	..	..					2,019 (3,749)
Temporary teeth treated with Silver Nitrate	..	..					95 (41)
Root treatment .. .. .	..	..	..	..	..	..	5 (8)
Teeth given self cleaning surface, etc.	..	..	..				201 (153)
Scaling and Polishing .. .. .	..	..	..	..	..	..	1,939 (221)
Special gum treatment .. .. .	..	..	..	..	..	..	11 (54)
Teeth " capped " or second lining	..	..	..	..	..	..	819 (684)
Temporary dressings to relieve pain, etc.	..	..	..	..	..	..	394 (231)
Surgical removal of impacted teeth	..	..	..	..	..	..	3 (7)
Cyst removal .. .. .	..	..	..	..	..	..	1 (1)
X-Ray cases .. .. .	..	..	..	..	..	..	243 (49)
Miscellaneous .. .. .	..	..	..	..	..	..	34 (13)
							5,764 (5,211)

The figures in brackets are those for 1935.

Broken Appointments.—This problem is still very much to the fore, if slightly better than last year; of all appointments sent out 33 per cent. failed to bring the child to the Clinic. This is a 2 per cent. improvement over the preceding year.

A new type of form issued as a 'Second Notice' has at least had the effect of producing excuses for non-attendance which is certainly more helpful than completely ignoring the invitation and further improvement may be looked for in future.

Casuals.—Cases attending for urgent treatment remain fairly constant, and as in past years the bulk of these children are 'under age.' This is but another argument for the inclusion of these

young patients in some system of regular attention. Apart from the lasting benefit to their dentitions, they would be relieved from the nights of pain which many of these youngsters have suffered before being brought to the Clinic.

Orthodontic Work.—As in past years a word of thanks is due to the Leeds Dental School who undertake this most important work on our behalf.

A record kept throughout the year demonstrates that nearly 50 per cent. out of 500 cases show overcrowding of the dental arches in one form or another. Many of these cases can be dealt with by simple extraction as already mentioned, but a considerable number require the use of appliances. Very few Authorities give this work the attention which it deserves mainly on the ground of expense, but there is no doubt that those cases who are fortunate enough to be dealt with by the Leeds Dental School have cause to be grateful. Many children who without treatment would be marred for life are improved beyond recognition.

SUMMARY OF ORTHODONTIC TREATMENT (at Leeds Dental School)				
No. of children	..	..	..	98
Total attendances	..	..	..	1,405
Completed cases	..	..	..	26
Abandoned treatment	..	..	..	12
Continuing treatment	..	..		60

It is unfortunately impossible for the Dental School to deal with all the cases in need of this work, and there is a lengthy waiting list. The position cannot be improved upon under present circumstances.

Research.—The pressure of work in Leeds does not allow of much time being occupied in other than routine treatment, but at the request of the Board of Education, an investigation is being carried out amongst approximately a thousand Children who are in receipt of an apple each day. The object is to discover what effect, if any, this daily apple has or has had upon the teeth of the children concerned. The results of the investigation cannot be available until next year, and it is agreed that any data obtained under the circumstances of the investigations, cannot be regarded as conclusive, such data should, in conjunction with that obtained under similar conditions from other parts of the country, form a valuable starting ground for further research at a later date. On that basis the time occupied would appear to be justified.

The staff again undertook the inspection of children for the Dental Competition sponsored by the *Yorkshire Evening Post*.

Interest was added to the Competition by additional prizes being offered for the best essays on the subject of 'My Teeth.' Many thousands of essays were entered and once again that overworked body of willing helpers—the teachers—were called in to deal with compositions reaching a very high standard of excellence. The knowledge of dental hygiene and kindred matters displayed by the children was illuminating, and one earnestly hopes that they will put into practice the precepts so freely stated in their essays. A short talk to the children at the School Inspections by the Dental Officers should assist them to understand the necessity for daily mouth hygiene.

The hope was expressed in the Report for last year that our work would before long become of a 'preventive nature.' That this should come about is essential if the service is to succeed in its aims and perhaps the most encouraging feature of the year's work is the fact that such treatment is at last becoming possible. If it can be consolidated in future years then perhaps some control may be gained over a very widespread scourge.

There is nothing of interest compared with 1935 in this respect. Infectious
Sickness.

The immunisation campaign must be regarded as partly responsible for the fact that the incidence of diphtheria was half that of the preceding year. This may be partly due to the natural decline of the epidemic, but much of the credit must be given to the safety precaution in view of the great decrease in the death rate. However, it will be essential for parents to have the under fives immunised if this satisfactory state is to remain for these young children have little or no inherent immunity. This treatment can be obtained by parents on request to the Health Department at very little personal inconvenience. Diphtheria can be stamped out only if parents do their share.

An unusual but not severe epidemic of Measles occurred in the Spring. It only lasted a few weeks and may possibly postpone the next epidemic which one would expect next Autumn.

Infectious Sickness, 1936. Total Number of New Cases.

Scarlet Fever	..	..	..	..	..	1,160
Diphtheria	..	..	..	..	..	478
Whooping Cough	..	..	..	..	..	1,452
Chicken Pox	..	..	..	..	..	1,833
Measles	..	..	..	..	..	4,451
Mumps	..	..	..	..	..	4,587
Influenza	..	..	..	..	..	449
TOTAL	..	..	..	..	..	14,410

Swab Report, 1936.

CLINIC.	Positive.	Negative.	Total.
Central	6	90	96
Armley	4	30	34
Burley	11	64	75
East Leeds	6	55	61
Edgar Street	6	23	29
Holbeck	11	59	70
Hunslet	1	7	8
Meanwood Road	2	10	12
Middleton	2	27	29
TOTAL	49	365	414

Examination of Hairs in Ringworm Cases
(All at own Laboratory).

Positive.	Negative.	More Hairs required.	Total.
15	25	4	44

Co-operation.

Parents.—The interest remains unchanged. 75 per cent. are present at Routine Inspection, all groups except the 12 year old boys being well up to average. Why boys of 12 do not wish their mothers to be present passes comprehension, but in view of possible advice as to vocation it is particularly desirable that they should attend. The Medical Officers will continue their efforts to help in every possible way.

Teachers.—Again our thanks are due to the Teaching Profession for their great help and it is hoped that some assistance has been given to them by the medical staff.

I was privileged to read a paper to the Head Teachers' Association in October, and the ensuing discussion brought out many points that should improve the Service at a later date. It can never be complete until every teacher knows every abnormal child in the class and has discussed him with the doctor.

Enquiry Officers.—They have given their usual ungrudging support, and are a mine of information. Their value as Social Workers is not always realised, and they do not receive the thanks that is their due.

Juvenile Employment Bureau.—The scheme outlined in last year's Report for indicating the type of employment for which a child is physically suitable has proved helpful. The Bureau has rendered great service in placing subnormal children in suitable employment.

The Subnormal Child.

Probably the most important duty of the School Medical Officer is to ascertain and classify children who cannot compete with their normal comrades and to advocate such alteration in the curriculum as may be necessary in their own interests. But this is not always easy to attain. Parents think that the school they attended themselves is the only one for their children, and view with suspicion any suggestion that a child would do better elsewhere.

It is an interesting but sad commentary that about 180 parents have entirely ignored invitations to discuss a period at the James Graham Open Air School for one of their children but the School has been kept full and there are many children who would welcome re-admission.

The subnormal child can in most cases become a useful member of society if given extra chances, and should not be contrasted with the abnormal who will always want assistance from the community. There should be no need to speak of these children with bated breath or to talk about segregation as if they are lepers, but the fact remains that there are many children making little progress in one place who would make much more in another.

The education of parents is not yet complete, or there would be less dislike to take advice which they know to be in the child's interests. No difficulty appears to arise however poor the result is if the child remains at the school of his choice, and this may point to the need for organised backward classes for such. But there can never be such a class in every school, and there will be much argument as to where such a class should be. Many people think that the proper place will be in the Infants' Department so that no child can ever be more than one year retarded without investigation from whatever cause. This is the place where educational difficulties are first met, and where they should be dealt with best and quickest.

The doubtful vision cases, the hard of hearing, in fact, any child who does not get on should pass through such a class to which they will be referred by the teacher and in which they will be the special care of the best teachers, and be under the observation of the Educational as well as the Medical Psychologist. No child must remain indefinitely, but should be referred to where his needs can be best catered for. To some people this implies segregation—an idea to be avoided at all costs because any such attempt will stigmatise the child.

I plead again for a school with no particular label, but under perfect conditions where each child will receive education suited

to him. These are the children who need feeding, who need rest, who need fresh air, who need something a little out of the ordinary and yet they are denied it because it implies segregation. It may be a Hospital School; it will certainly be a Children's Paradise, and some arrangement is necessary to reduce the number of school failures, who are such a drag on society, I shall return to this point again.

**Number of Children on Roll in Special Schools
on 31st December, 1936.**

SCHOOL.	NUMBER ON ROLL.		
	Leeds Cases.	Outside Cases.	Total.
FEEBLE MINDED—			
Armley	85	—	85
East Leeds	67	3	70
Hunslet Hall Road	70	—	70
Hunslet Lane Senior Boys	118	—	118
Lovell Road	58	—	58
DEAF	54	46	100
BLIND AND PARTIALLY SIGHTED—			
Blind—Blenheim Walk	18	46	64
Partially Sighted—Blenheim Walk	5	36	41
„ „ Armley	14	1	15
„ „ Roundhay Road	45	—	45
PHYSICALLY DEFECTIVE—			
Potternewton	102	—	102
The James Graham Open Air	240	—	240

In addition, the Education Authority is responsible for the maintenance of Leeds children in Residential Schools as follows:—

CRIPPLES—

Marguerite Home, Thorparch 2

HEART CASES—

Liverpool Open Air Hospital 1

Children's Rest, Sefton Park.. .. . 1

EPILEPTICS—

Lingfield 4

DEAF—

Boston Spa 1

MENTALLY DEFECTIVE—

Sandlebridge (The Mary Dendy Home) 2

Cheetham School, Manchester 2

Summary of Examinations for Mental Conditions, 1936.

	Boys.	Girls.	Total.	%	% for 1935.
Certified to continue in attendance at Ordinary Elementary Schools	250	150	400	50.2	50.0
Certified for Day Special Schools	66	50	115	22.6	22.8
Certified as Imbeciles	10	5	15	2.2	1.7
Certified as Idiots	2		2	.3	.2
Certified Mentally Defective but recommended for notification to the Mental Health Services Committee*	50	37	87	12.7	12.4
Certified Mentally Defective—Permitted to remain in Private Schools	6	8	14	2.0	3.1
Certified Mentally Defective—Permitted to leave Private Schools to go to work	1	2	3	.4	.2
Excluded from School Pending examination at a later date		1	1	.1	
Cases from other Authorities—Examined prior to admission to Leeds Special Schools		3	3	.4	
TOTALS	421	265	686	—	—

* In addition to the examinations at Clinics, the Special Schools were visited periodically, and the following number of children were discharged as incapable of deriving further benefit from the instruction given. These numbers are included in the above Table.

	Boys.	Girls.	Total.
Feeble-minded (reached educational limit)	45	30	75
Feeble-minded (detrimental to interests of others)	—	1	1
Feeble-minded (also Cripple—permission given by Board of Education to notify)	1	1	2
TOTAL	46	32	78

It will be noted that there has been a very considerable increase in the number of retarded children examined during the year, no less than 686 separate examinations being made. Retarded Children.

In view of the importance of the subject, which is dealt with rather more fully than usual in the Annual Report of the Chief Medical Officer of the Board for 1935, I should like once again to make a strong protest against the continued use of the phrase Mentally Defective for these children. I have tried for some years to avoid these words, for there is no doubt that the use of them has prevented many children receiving their education in a manner best suited to their attainments.

The definition in the Education Act is as follows:—

“Those children who by reason of mental or physical defect are incapable of receiving proper benefit from the

instruction in the ordinary public elementary schools, but are not incapable by reason of that defect of receiving benefit from instruction in special schools or classes under Part V. of the Act."

It would, therefore, appear to be time to consider altering the definition of all these groups into one wherein all children who cannot derive proper benefit are brought under review.

It is with the idea in mind that all "exceptional" children shall receive the education best suited to their capacity that I advocate the provision of a "Children's City."

It will be realised that, whilst much money is spent on Higher Education, there is nothing like the same proportion spent on the other side of the picture.

Parents are always proud of their successful children, but I still plead for a greater measure of sympathy and understanding for those who for no fault of their own, are not so clever as the general run. There is the undoubted tendency to hide these children with the result that they do not get the chances that they need and later find the world even harsher than they should. Only the best is any good for them if they are to take part in community life.

One would like here to make an appeal to the Teaching Profession to undertake Special School work if only for two or three years. Such experience as would be gained by teachers should be a help to promotion and not a hindrance, for these children require the best teachers, who will realise that their pupils can be taught a great deal more than is usually accepted, if not by ordinary methods.

A visit to the Hunslet Lane Senior Special School will supply any proof required. These boys are given opportunities of which they are taking full advantage—the handwork reaching an extraordinarily high standard of practical efficiency. About this School Dr. Willcock reports :—

"During the year the accommodation in this School was increased so that all boys of 11 years and over who have been certified, can now attend. There is better classroom accommodation and the School Hall forms part of the Special School. This is of great value for Physical Training lessons.

There are about 130 boys on roll, divided into four classes. In addition to the four class teachers, there is a whole-time Woodwork Instructor and a Tailoring Instructor is a regular member of the staff attending full time with the exception of one half-day a week. All the boys have one half-day a week at tailoring and another at woodwork. Moreover, a few of the most promising

boys selected by the Woodwork Instructor are given additional time at woodwork each week. It is hoped to do the same for the best boys at tailoring. In this way training is given which should be of real value to the boys when they go to work after leaving school.

The time spent at woodwork and tailoring reduces the number of boys in the classes at any one time and enables the class teachers to devote the individual attention to the character and aptitudes of each child, which is essential to the success of a school of this kind. The Headmaster has impressed his assistants with the need for the study of each boy and has infected them with his own enthusiasm.

Time equal to about one half-day a week is given to book-craft (book-binding, stencilling, designing, etc). and the results show that some of the boys have considerable gifts in this direction. The sense of achievement which this work gives, is of extensive value to boys who are apt to feel their inferiority in certain directions. The book-craft instruction is a very valuable part of the School's activities.

The School is fortunate in having Swimming Baths on its premises, and the children are encouraged to make full use of the facilities for learning to swim. Some 30 to 40 certificates have been earned during the year and, to the great satisfaction of everyone connected with the School, one of the major swimming trophies presented to the Elementary Schools in Leeds was won by one of the boys. The staff encourage the boys to take part in all normal physical activities and last summer boys from the School took part in the District Sports.

At the suggestion of the Chief Inspector of Schools, a supply of gym-shoes and of material out of which shorts were made in the Tailoring Class, was provided for the boys. The Chief Inspector also arranged that shower baths should be available and now each boy has a shower bath every week. The boys change for their physical training, and wear only shorts and gym-shoes, and as far as possible the shower baths are arranged to follow the Physical Training period. These measures have done much to increase the boys' physical well-being and self-respect and are a real benefit to the School.

A hot dinner is cooked and served in the School every day at a very low cost (3d.). About 80 boys have the dinners regularly of whom over 30 are supplied free: about 12 more bring a meal of sorts with them to eat in the school: the remaining 30-40 go home for dinner. From a medical point of view it is very desirable that all the boys should have this meal in school—so many of them being of poor physique and subnormal nutrition, and coming from very poor homes. It would be a definite step forward if the meal

could be given free to all and made part of the normal life of the School.

Under the system in force in Leeds of allowing children to leave the Special Schools on probation, when they have reached the age of 14 years, if they are considered fit and if they obtain suitable employment, many of the boys in the School apply to leave at the age. During 1936, of children over the age of 14 years who were allowed to leave, 28 were allowed to leave on probation and 18 were allowed to leave but were notified at once to the Mental Health Services Committee as it was considered that they would certainly need help and supervision. The 28 allowed to leave on license remain under the supervision of the Education Authority until they are 16 years of age; they are visited from time to time to see that their employment is satisfactory—if unsatisfactory, they may be sent back to the School—and at 15½ years they are reviewed in order to determine whether they too should be notified to the Mental Health Services Committee at 16 years of age. The employment for which these 28 children were allowed to leave school was as follows:—

Wholesale Clothiers	..	..	..	15
Engineering Works	..	..	..	5
Boot Factory	..	..	..	2
Brickyard	..	..	..	2
Joinering	..	..	..	2
Warehouse	..	..	..	1
Cloth Mill	..	..	..	1

In addition to the 18 children notified after 14 years of age, 6 children under 14 years, were notified during the year as 'incapable of deriving further benefit from Special School instruction.'

During the year the Headmaster, Mr. Barker, attended an advanced course on Special School work and one of his assistants, Mr. Wigglesworth, attended a junior course.

In conclusion, it may be said that the general tone in the School is good and reflects great credit on the Headmaster and his staff."

The other Special Schools are under the medical supervision of various members of the staff, and it may be useful to quote Dr. Holoran on the Armley School. She writes: "I have paid fortnightly visits to the School and reviewed the Intelligence Quotient of every child at least once during the year.

One matter of great importance is the provision of dinners for the whole school. At present an appreciable number of children who cannot be granted free dinners bring their own food for their mid-day meal. This usually consists of cold food of excessive carbohydrate content, which is consumed in the dining room

surrounded by the savoury smell of the real dinner served to the other children. Many children are unable to go home owing to the distance, and many are physically subnormal as well. I feel strongly that their work as well as their physique benefits enormously by an adequate mid-day meal in all cases.

Another matter for concern is the shortage of trained certificated assistant teachers in the schools. This concern is shared by the Inspector, who mentioned the matter in her last report. It should be obvious that the handicapped child needs the most competent teacher. Also the Education Service as a whole would benefit enormously if teachers could be attracted into the Special Schools for some part of their career. They would return to the ordinary school with a sounder psychological knowledge, and a better capacity for helping the slightly subnormal children whose place is still the ordinary elementary school.

Since the work of the Senior Boys' Special School has proved so successful, the question of the provision of a Senior Girls' School is worthy of consideration. It would ensure for the older girls a more satisfactory scheme of training in preparation for employment."

The remarks of other doctors are much to the same effect, and point to the advisability of a Senior Girls' School on similar lines to Hunslet Lane Senior Boys.

A full and thorough Domestic Science Course for these girls spread over a much longer period than usual is urgently needed besides much more instruction in Tailoring, Dressmaking and so forth, of a very practical kind.

The examining Medical Officer has to base his decision on the following points :—

1. Is this child unable to derive proper benefit from the instruction in the ordinary public elementary schools ?
2. If he is unable to derive proper benefit, to what is his inability due ?
3. Is he so defective as to be unable to derive benefit from the education provided in a special school ?

During the year 1936, the accommodation at the Open Air School has remained at the same figure—240—residents 25 and day scholars 215. The residents in the Spring term were girls, in the Summer and Autumn terms boys. 504 children attended the School during the year, 32 per cent. being free cases.

The James
Graham Open-
Air School.

As was foreseen in last year's report, children have been retained in the school for a longer period than was possible when the School was first opened. The long waiting list which existed then, has now been largely overtaken and reduced to reasonable proportions. New names are, of course, constantly being added to it but, on the

other hand, a good proportion of the children who have passed through the School have been found on inspection a few months after discharge to have become quite fit to attend the ordinary elementary school, and their names have been removed from the Open Air School list. It has, then, been possible in 1936 to retain practically all children admitted to the school for two terms and a good proportion including most of the children with chronic lung lesion, have been retained for a full year. By keeping children in the School for a longer consecutive period it is hoped that the improvement in their condition will be more marked and more likely to be maintained after their discharge from the School. It has been considered advisable to continue the limit of a year's consecutive attendance in order to prevent an accumulation of chronic cases in the School which would unduly interfere with the admission of children on the waiting list.

Children who have been discharged from the School are reviewed a few months later at the Branch Clinics. The results of this review in 1936 were :— the names of 43 children were removed from the Open Air School list ; 54 children were recommended for re-admission to the School, and 142 were considered fit to attend ordinary elementary schools but were to remain under observation as to their physical condition and progress. The effective ' following up ' of cases discharged from the School is of great importance as affording better grounds for estimating the results of attendance at the School than the comparison of the child's condition on admission and on discharge. It also has the advantage of ensuring that there is no delay in recommending the readmission of children, the improvement in whose health is not maintained after return to their elementary schools.

The following Table has been prepared on the same lines as in former reports to show the gains in weight of the children term by term :—

	Spring, lbs.	Summer, lbs.	Autumn, lbs.
All children	3·26 (225)	3·36 (223)	3·85 (223)
Boys	3·09 (108)	3·35 (113)	4·01 (118)
Girls	3·42 (117)	3·37 (110)	3·66 (105)
Residents	4·86 (24)	5·51 (25)	5·32 (25)
	(Girls)	(Boys)	
Day Scholars	3·07 (201)	3·00 (198)	3·68 (198)
Subnormal Nutrition and Debility	3·19 (128)	3·14 (127)	3·94 (130)
Quiescent and Arrested Pul. Tuberculosis and Pretuber- cular Bronchitis, Asthma, Bronchiectasis, etc. ..	3·10 (36)	3·61 (27)	4·21 (20)
Rheumatism	2·87 (36)	3·03 (40)	3·29 (41)
	4·41 (25)	4·55 (29)	4·20 (30)

The figures in brackets represent the number of cases.

There are several points in this Table which are of interest :

1. *Residents.* The much greater gain in weight of the residents as compared with the day scholars. The average gain in weight per term was, for residents 5.23 lbs. as against 3.28 lbs. for day scholars. The desirability of increasing the number of residents has been repeatedly emphasized.

2. *Debility and Subnormal Nutrition.* It might be expected that this group would show a greater gain in weight than the others but this has not been so in any term since the School was opened. In this group are cases of subnormal and poor nutrition as classified by the Medical Officers selecting cases for the School. If these children's state of nutrition was due to insufficient food or starvation, a very marked improvement in weight might be expected from the carefully balanced diet provided in the School, but this has not been so, and the experience gained in the School suggests that cases of malnutrition due to insufficient food are very uncommon in Leeds at present. Many of these children are rather cases of poor physique than of poor nutrition, though subnormal nutrition and poor physique are often present in the same child.

3. *Rheumatism.* The rheumatic group shows the greater gains in weight of the four groups. This has been pointed out in previous Reports and augurs well for the success of the School for rheumatic cases which is to be erected at Farnley. In spite of the fact that the site is not ideal for the treatment of rheumatism owing to the clay soil and the presence of more trees than is desirable both on the estate belonging to the Authority and on adjoining property, it can be said definitely that rheumatic cases have on the whole made good progress. Since the School opened, there has been only one case of a child whose heart was apparently unaffected by rheumatism on admission, developing a heart lesion while in the School. This case, a girl resident in the Spring Term of 1936, had no heart lesion on admission but there was a history of several attacks of subacute rheumatism previously. She was transferred to St. James's Hospital for treatment.

4. *Bronchiectasis.*—The group including bronchitis, bronchiectasis, etc., shows the lowest gains in weight as might be expected. A considerable number of cases of bronchiectasis have now passed through the School. In cases with gross lesions it is too much to expect cure of the lung condition from treatment in an Open Air School. Postural coughing is carried out daily as a routine measure of treatment and the amount of sputum sometimes diminishes greatly. These children often attend very regularly and sometimes show marked gains in weight ; more than one case has gained a stone or more while in the School. But

however satisfactory the improvement in the general condition of the children the physical signs in the chest have usually shown disappointingly little change. Many of these cases date from a very early period in the child's life and early diagnosis and treatment are of paramount importance if a cure is to be hoped for.

The scale of charges for children in the School remains at the same level - 10/- for residents and 4/- a week for day scholars. Though the scale is administered generously and there are comparatively few making payments at the full rate, still in many cases there is no doubt that the payments constitute a heavy tax on the parents especially if the child is retained in the School for two terms or more. The result has been that a number of children recommended by the Medical Officers for retention in the Open Air School have been withdrawn because the parents were unable or unwilling to continue the payments. In addition certain children recommended for admission to the School have not gone there because the parents would not sign the agreement form on account of the rate of payment at which they were assessed.

The School holidays have been re-arranged for the Open Air School. The School now closes for a month at Christmas. In Summer it is only shut for two weeks in August.

The attendance at the School compares very favourably with that in the Elementary Schools of the City. For the whole year 1936 the average attendance was 91%. It should be remembered that some of the children attended very badly or not at all when on the roll of Elementary Schools. There has been an almost complete freedom from epidemic sickness.

Dr. Bebb writes :—

“ The year 1936 has witnessed several changes in the School :—

1. *Wireless*.—Extensions are now fixed in each classroom and the dining room. The children are keenly interested and the talks, music, etc. are much enjoyed. This widening of interest and opening up of new vistas should prove invaluable in later life.
2. *Library*.—Thanks to the enthusiastic co-operation of the Librarian of the Chapel Allerton branch of the Public Lending Library, we now have a large collection of books, which are changed each month and are much appreciated by the children.
3. *Furniture and Equipment*.—For many crippled children this is an important point to which much consideration has been given in the last few years, but the difficulty of which is not generally understood by those who have never had

to sit with a splint on either their hip or knee. Uncomfortable seating is the surest way of producing restlessness, inattention and the like, and work suffers accordingly. A crippled child must be given opportunity to sit in a position of comfort with support where needed and yet be able to use his pen without strain. Thus it becomes necessary to consider every child separately and not merely to find a place for him. Chairs, with various portions of the seat cut away to suit hips fixed in any position are now beyond the stage of experiment, but their height must be adjustable as must the back support. The desk, too, must be adjustable in both height and slope and fixed for the child. It is a waste of time adjusting desks after each lesson. As an example, consider the child who by reason of spinal disease has to spend his or her time lying prone. There may not be many, but there must be equipment available. Cases of severe heart disease must also be catered for, as these children want the least possible physical exertion and do not receive the sympathy shown to the "picturesque" cripple and yet this is the worst form of crippling. All these points have been and are being given much consideration, as constant observation of individual appliances worn by children.

There is a large field for research in this direction.

4. The work of the Leeds Invalid Children's Society in connection with the School is much appreciated and the crippled children of Leeds lost a friend by the death of Mrs. Walker, the Chairman.

The number on roll on December 31st, 1936, was 102. During the year 32 children were admitted and 54 discharged.

The number admitted included the following cases :—

Tubercular Joints and Spine	..	..	12
Rickets	..	..	8
Heart Disease	..	..	5
Scoliosis	..	..	2
Arthritis	..	..	2
Osteomyelitis	..	..	1
Poliomyelitis	..	..	1
Friedrich's Ataxia	..	..	1

32

Of the 102 the percentage proportion of defect is :—

Tuberculosis	..	..	..	31 per cent.
Heart ..	..	..	..	22 „
Rickets ..	..	..	..	19 „
Infantile Paralysis	..	..	..	16 „
Other conditions	..	..	..	12 „

The School has been visited every fortnight by the School Medical Officer, and the following examinations made :—

Routine	..	..	..	89
Ordinary	..	..	..	199
Mr. Daw	..	..	..	82
Mental Tests..	..	..	..	21
				<hr/>
				391
				<hr/>

Nutrition on the whole remains satisfactory, and shows a steady, if slow, improvement. The diet is good and provides plenty of variety.

Concerning the admissions, one very important point to note is the greater number of young children admitted. This early ascertainment is most valuable. Treatment can be started earlier and this may mean that there will be less need of operative treatment, less residual crippling, and, in consequence, a much greater capacity for work. This early treatment also ensures that children can return to ordinary school at a much earlier date.

The following Table shews the disposal of children discharged in 1936.

Ordinary, Secondary,				
Open Air Schools	..	30	(B. 18	G. 12)
Special Schools..	..	5	(B. 4	G. 1)
Mental Health Services		3	(B. 2	G. 1)
For work	..	8	(B. —	G. 8)
Too ill to attend	..	2	(B. 2	G. —)
To Hospital	..	2	(B. 2	G. —)
Unemployable	..	1	(B. 1	G. —)
Died	..	3	(B. 1	G. 2)

54

It will be seen that the greater proportion return at once to ordinary school but a few, debilitated, and coming from poor homes, are sent to the Open Air School for a further three or six months before returning to ordinary school.

The leavers include eight with 'Dual Defect'—mental defect combined with crippling, heart disease or myopia, and there are several of this type still remaining in School. These 'Duals' constitute a real problem. What is to become of a child who is so physically and mentally handicapped that he or she is unemployable, or at best, can only be partially self-supporting? At present there is no provision made for them. Some are handed over to the Mental Health Services but they cannot get to, or do anything at, an Occupation Centre. Cases such as these cannot be left to drift aimlessly through life, and a Residential Training School would be the best solution of the problem.

Vocational training in the School is very limited. The girls do a little housewifery but the conditions are unsatisfactory. The kitchen, where they work, has a stone floor, is draughty, and there are continual interruptions. Some of the boys go to woodwork and cobbling. The nearest Woodwork Centre, Cowper Street, is some distance away, the boys arrive very tired after their walk and the result is not good. Cobbling as a trade for them is not very hopeful; the slowness of their 'hand' work cannot compare with the speed of 'machine' work. There is urgent need for more definite and varied training.

These are the occupations of those who have left for work:—

Office work	..	..	2
Basters	..	..	2
Paper-bag making	..		1
Tailoring	..	..	1
Dry Cleaning	..	..	1

			7
			==

Recreation and Games.—The present provision for these is far from ideal. The grass plot provided, though very useful, is too far from the School for all the children to take full advantage of it. The badly crippled, and the heart cases, cannot hurry and they take a long time to get there. The playground at the back of the School is very small, is cobbled and sloping, and very dangerous in wet or frosty weather. There is no facility for wet days.

The road widening scheme of the Council, shortly to be undertaken, will result in a reduction of even this small available space, and a much steeper entrance, unless the present one is removed to a position further up the road.

These conditions and changes provide an adequate and urgent reason for the transference of the School to Lawns House. The advantages would be many :—

1. The School itself in more ideal surroundings.
2. Greater space for games, etc.
3. Unification of transport.
4. The kitchen arrangements would be available, and could be used for both schools.
5. Greater opportunities and space for vocational training.
6. The possibility of an Open Air Shelter, where heart cases could take their afternoon rest, and all cases their mid-day rest, in the open air.

After Care.—An organisation for after care is an absolute necessity. Many children would attend the local hospitals for treatment after leaving school, but many would not, and these cases have to be watched and followed up. A job, once started, may be lost, owing to illhealth, or a relapse in their condition, splints may need repair, or the work itself found to be unsuitable. This must be investigated, and the child advised concerning treatment or work.

This problem of work for the severely crippled child, who cannot compete with the normal child in any type of industry, is very acute. This difficulty could be solved by giving them definite vocational training suitable to their capacity. This could be given at Special Centres by trained teachers, or if the child was too crippled to travel to the Centre a teacher could visit the home, supply materials and instruction for knitting, needlework, toy and flower making, and collect the finished articles. These could be sold, and the money minus the cost of the articles, paid to them.

There is ample work and opportunity for a whole-time worker, and the need is great."

Blind, Partially
Sighted and
Myopes.

Dr. Wood reports :—

" Total number on roll :—

Blenheim Walk School for Blind	..	105
Roundhay Road partially sighted class		45
Armley	do. do. do.	15

		165

These children have all been examined by Mr. Black and classified as follows :

	LEEDS CASES.			Other Authorities
	Roundhay Road	Blenheim	Armley	
Certifiable Blind		18		46
Partially Sighted	10	4	1	16
Myopes	35	1	13	21
	45	23	14	83

82 children from outside Authorities are at Blenheim Walk and 1 at Armley.

There were 33 admissions during the year, viz. :-

	Leeds.	Other Authorities.
Blind	1	5
Partially sighted	2	3
Myopes	14	8

38 children left during the year :

To Technical Schools	8
„ Normal Schools	1
„ Work	20
At home	2
Returned to Approved School	2
Discharged unsuitable mentally	2
Left Leeds	2
Deceased	1

It will be noted that while last year the admissions were 11 blind, this year the figures are 6 blind. This indicates a fortunate tendency for blindness in children to be on the decrease. I believe this tendency is general and that the special services will be demanded more and more for the partially sighted.

No children are taught as 'Blind' except those who in Mr. Black's opinion will eventually be certifiable as 'Blind' persons under the Act. Whilst there are border line cases with whom one has every sympathy, it is not good for them to rely on blind methods if they are not to get benefit of the Act. It is hard to persuade an individual that he can be blind at school and a sighted person later on in life. Even if there were greater liberty allowed the Certifying Surgeon, there would still be hard cases. Consequently, the principle will hold that 'sighted' children will be taught on sighted lines. No child is certified for Partially Sighted Classes except on the advice of the Consulting Ophthalmic Surgeon, and it is still the custom not

to use much pressure on parents. But I am convinced that many of the partially sighted children do need special treatment and the only question should be where they are to have it. Mr. Black favoured the idea of having classes in the ordinary school for most of these children where they would spend part of their time only, but the difficulty of finding enough children in one area has not yet been overcome, but the work done this year on what is called the Leeds Reading Aid is very promising and may help to solve the problem.

Specially printed books being impossible because of cost, the subject was approached from another angle and experiments made with lenses for enlarging the print.

The most suitable lens proved to be one $6\frac{1}{2}" \times 3\frac{1}{4}"$ cut from a $\times 3.5$ plano sphere, mounted in an adjustable frame to which a shaded electric lamp of an amber tint was added to produce an evenly lighted surface.

This apparatus enables these children to read any books that are available to their normal sighted brothers and sisters. They like it and there is great competition for its use. The children have been under the supervision of Mr. Black, the visiting Ophthalmologist, throughout the experiment, and there have been no ill effects. It remains now to equip the Class with a dozen Aids for Class teaching purposes and abolish aberration, provision for this equipment has been made in the estimate.

An opportunity arose of showing it to the Ophthalmic Surgeons of the North of England who, in general, expressed the view that it should be tried.

The details and experiments have been made by Mr. Andrews and Mr. Dodsworth, to whom much credit is due.

The use of the Episcopes was not satisfactory for two reasons : —

1. Only one page can be read at a time, restricting it to the pace of the slowest.
2. The management of the machine is difficult.

I suggest the new method will enable us to deal adequately with partially sighted children from a wide area.

Deaf

The investigation into the Deaf and Partially Deaf children at Blenheim Walk has been continued by Mr. Sharp, the consulting Aural Surgeon, Dr. Stockwell and Mr. Andrews, the Head Master.

All new admissions are examined as soon as possible and every case reviewed from time to time.

The education of the Deaf is forcing itself on the public mind and the lowering of the entrance age to 5 is urgently needed, especially in the case of 'born deaf' children. However simple it may sound to classify children into deaf and not deaf, in practice it is not so easy because there are very many who have some defect of hearing which makes education a real difficulty.

Parents still dislike their children going to any school but the one of their choice and there is often difficulty in securing admission.

But it often seems that a parallel between sight and hearing should be emphasised. If vision is not good, it can generally, but not always, be improved by the use of suitable glasses, but we have no means yet of assisting partial deafness in the same way, at any rate for the lesser degrees.

Mr. Andrews reports : —

“ Number on Roll 100

Admissions during the year 13

Age Groups.	Leeds.	Other Authorities.
4- 5 ..	2	1
5- 6 ..	1	—
6- 7 ..	1	—
7- 8 ..	—	1
8- 9 ..	1	1
9-10 ..	1	1
11-12 ..	—	2
12 ..	1	—
	—	—
	7	6
	==	==

Once again it is to be noted that we are getting our Leeds cases in early. We cannot emphasize too strongly the advantages of Boarding at this tender age. In two cases recently, young children have been changed over from Boarders to Day children, much to their detriment in training and in attendance. Every facility is given to mothers to assure themselves that the little ones are settling down happily in an environment where they are understood. It is more often the mothers who do not settle down to the changed conditions. Strangely enough, when children have been Boarders for some years and might well become Day Scholars, gaining independence in going about, the mothers prefer them to remain as Boarders.

Leavers.—There were eleven leavers during the year, 6 boys and 5 girls. Ten of these have succeeded in getting employment, the other, a very backward undersized girl is at home with her

parents. One very gratifying incident stands out in this connection. An employer had employed for some years one of our old pupils who was about to leave to be married. He was so satisfied with her work that he came up to the school to see if we had another girl ready to take her place. We were able to fill the vacancy satisfactorily.

The Audiometer.—The installation of an audiometer in September has enabled us to measure the hearing of our children more accurately. The instrument is calibrated to give out pure sine wave notes on eight octaves, viz. 64, 128, 256, 512, 1024, 2048, 4,096 and 8,192 cycles per second respectively. The notes can be increased or decreased in loudness as desired. The loudness is measured in decibels and the scale extends from 'the threshold of hearing' to the 'threshold of painful feeling.' Some idea of the meaning of decibels can be gained from the attached scale.—

	Decibels 120		Relative Energy
Deafening Noise	110	Threshold of painful feeling Thunder Artillery	100,000,000,000
	100	Steel Riveter at 15 feet	10,000,000,000
	90	Pneumatic drill at 10 feet Newspaper press room ..	1,000,000,000
Distracting Noise	80	Police whistle at 15 feet	100,000,000
	70	Average machine Shop .. Interior of electric train..	10,000,000
Range of Conversa- tion	60	Average factory Average busy street ..	1,000,000
	50	Church Bells at 1,200 feet	100,000
	40	Noisy residence Ordinary school classroom	10,000
Extreme Quiet	30	Public Library Average residence.. ..	1,000
	20	Rustling paper Whisper	100
Sound-proof Chambers	10	Quiet church	10
	0	Very quiet studio for sound pictures Threshold of Hearing ..	0

The point at which the child fails to hear each note is plotted to form a graph. There is much to be learnt from these graphs, both of the nature of hearing and of the effect of different diseases on the hearing but it is too early yet to draw conclusions.

The frequencies that concern us most for speech purposes are 512, 1,024 and 2,048 and from the readings at these points we calculate our percentage hearing loss for speech. I have tested each child personally and can classify them as follows :—

Percentage Loss	Children	Total
65-70 ..	3	
60-65 ..	1	
55-60 ..	6	
50-55 ..	6	
45-50 ..	3	
40-45 ..	5	
35-40 ..	4	
30-35 ..	1	
	<hr/>	
	29 ..	29
Islands of hearing ..	.. ..	19
Obviously hearing but unreliable		11
No response .. ..	.. ..	41
		<hr/>
		100
		<hr/>

Further points present themselves.

The audiometer is a scientific instrument of great precision but it necessitates co-operation and comprehension on the part of the child. A child must understand what he hears before a satisfactory result can be obtained and if he does not know that he has *some* hearing and that an impulse has been sent out to his hearing mechanism, the response will be poor. A child who has heard and lost his hearing is a much easier proposition than the born deaf, although it is too early to say much, and the instrument seems to be giving us information as to the causes of deafness. For example, there appears to be a definite form of curve associated with otitis media.

Perhaps an even more important use for the Audiometer is the testing of backward children from our normal elementary schools when the hearing is suspected. We have had two sessions for these children and have been able to recommend as follows :—

Front Row Treatment	6
For Amplified Speech Treatment ..	2
Further Observation	5
Transfer to Deaf School	1
No action necessary	3

I would suggest that a necessary development of this side of the work is the acquisition of a gramophone audiometer for group testing with a further individual testing of the doubtful ones discovered in this way. We should learn much about the hearing of children at present labelled 'backward.' Our aim is to leave the child in a hearing environment as long as he can possibly carry on there. To accomplish this it may be necessary to encourage the use of hearing aids. The public attitude to deafness makes hard-of-hearing people shrink from advertising the fact that they are so afflicted and fly to inconspicuous aids which often are of no use to them. The change in that attitude must begin in our schools for I feel sure that the time is fast approaching when hearing aids will be worn as extensively and very much in the same way that spectacles are now worn for defective vision.

We cannot close this section without a reference to the Amplified Speech Class. The work achieved is a surprise to many and points to the necessity for further extension in this direction. It is known that an additional set has been asked for in this year's estimates and there are already far more children able to profit by it than even one new set will carry and further provision may still be required.

As far as hearing is concerned, we can classify children :—

1. Those whose hearing unaided is good enough for all practical purposes.
2. Those who, placed in the front row of a class, can by hearing and lip reading combined, derive proper benefit.
3. Those who need an individual instrument that will enable them to derive proper benefit at an ordinary school. It would appear that such instruments would have to be provided.
4. Those who can be educated in a class fitted with greater amplification in a manner similar to that employed at present.
5. Those who can only be taught by methods applicable to the Deaf."

Speech Therapy. At the beginning of the year, it became necessary for Mr. Jordan to return to Blenheim Walk as Senior Assistant in the Deaf School, thus leaving the stammerers without any organised instruction. No other qualified teacher was available, and the classes had to be allowed to lapse for a time.

Much thought was given to the problem by the Director and myself, and as a result of a visit to the Stammering Classes of the London County Council, we felt it would be advisable to try out their methods if a suitable instructor could be found.

The chief difference is, that each child gets two periods of instruction only each week, the remainder of the time being spent at their own schools, as opposed to our former practice of combining education and speech training full time for a period of about four months.

Much could be written about either method, and as was pointed out last year it is probable that neither will satisfy the requirements of all stammerers, and that cases will arise that need to be dealt with in other ways.

Fortunately the services of Mrs. Jackson, a Speech Therapist trained under the London County Council's Scheme, became available, and she commenced work in September.

Mrs. Jackson and Dr. Hargreaves report :---

" Four Centres exist at Darley Street, York Road, Dewsbury Road and Castleton Council Schools respectively, where children, mainly stammerers, at present attend for two periods of speech therapy each week. They are taught in groups of not more than ten, three groups being taken in the morning and two in the afternoon. In this way ninety-two stammerers have received treatment twenty of whom, upon examination at the end of December, were found fit to be discharged but, owing to the very short period of instruction given, it was decided to see the children once a month in case of relapse. Reports from teachers also showed that many others were greatly improved not only in speech, but as one headmaster remarked ' the boy is a new personality ' having gained confidence and stability, being able for the first time to read aloud, act in plays and take part in the ordinary school life, no longer passed over by kindly teachers, who, trying to save the child's feelings, only fostered a deeper feeling of inferiority.

The scholastic attainments of the children attending the Stammering Centres vary from secondary to special school standard necessitating careful grading as well as visiting homes and schools to gain a complete history of the child and to ascertain environmental factors. Therefore, since September, 1936, ninety-two homes as far apart as Shadwell and Old Farnley, as well as schools have been visited by the Instructress in order to secure co-operation with teachers and parents. Where it is possible, adverse conditions are amended as in the case of a boy who commenced to stammer at the age of ten when in the class of a teacher who administered corporal punishment for mistakes in arithmetic. Fear of the teacher increased his difficulties, rendering him silent and morose, which was misinterpreted as stubbornness and defiance. A talk with the teacher and the boy soon put this right with the result that the stammer has disappeared, and the arithmetic is greatly

improved. If however, conditions cannot so easily be changed, the child is taught to adjust himself to them, hence the need for the individual study of each child. At this point one would like to thank the teachers for their splendid co-operation, especially those who have made if possible for the children to practice relaxation at school where it is known that it cannot be performed at home.

This method of dealing with stammerers by separating the speech work from ordinary school work has advantages over the old method in that it does not necessitate the removal of the child from his own school for the period of three or four months. Parents often resented this regarding the stammering class as something akin to a special school, whilst the child regrets the loss of former associates, even temporarily.

Parents were inclined to resent the association of their children with none but stammerers for so long a period, but the new arrangement, whilst providing companionship with children who have a similar defect, and thus doing away with the sense of isolation and inferiority which all stammerers feel, tends to restore confidence because the child realises that others have the same difficulty without making him feel an outcast by debarring him from his own school.

Although a special easy happy atmosphere was created in the old classes by reason of the teacher being an understanding and sympathetic person, this condition could not often be maintained longer than one term owing to the length of the waiting list, whereby the child was thrust back to the old conditions, where the size of the classes and the curriculum made school a very different place from the stammerers' classes and in consequence in some cases the stammer returned. With the new system however the child is gradually adjusted to his environment, having opportunity each day of putting into practice what he has learned at the Centre, and at the same time keeping abreast with his school work, and he can continue to attend as long as requisite without the waiting list being unduly lengthened.

The loss of the few lessons incurred by attendance at the Centre is usually found to be compensated by the efficiency and confidence gained by the relaxation of nervous tension which is effected by the treatment.

Another advantage is that the Centres are permanent ; no longer is it necessary to move the Centres from one part of the town to another, and, therefore, it is possible to regard the Centres as Child Guidance Clinics where former patients are encouraged to return for help and advice.

It has also been found possible to reserve Wednesday afternoons for speech instruction for children who have had operations for cleft palate. Ten children are attending, and are making good progress. Some had had previous instruction but were thought to require further treatment.

We feel that the change of system is justifying itself as the attendances have been good, and results up to date very gratifying."

This section cannot be closed without a reference to the work of Mr. Jordan in the past, and to him I offer my thanks. He did very valuable pioneer work, and gave us many ideas from which we have derived benefit, and it is to be hoped he will be able to continue some of his evening classes, which have again proved very popular.

Mr. Jordan reports :

" The classes for adults which I had the pleasure of opening last year, were well supported during the Spring Term, and in order to provide for continuity of treatment a Summer Session was arranged. Two groups continued in attendance until the Summer Vacation, and considerable progress was reported by all who attended and many stated that no further period was desired.

In September the classes were transferred to the School for Deaf, through lack of accommodation at the College of Commerce, and an enrolment of forty-four was soon reached. Some pupils have journeys up to twenty miles each way, as this is the only centre in the area.

Owing to lack of facilities for preliminary investigation and diagnostic work, a thorough classification could not be made, but a beginning was made by the establishment of four groups, with an average enrolment of ten in each.

1. A group of those men who were continuing attendance for a further period.
2. A mixed adolescent group of pupils attending higher educational institutions, timed so as not to interfere with either school or homework.
- 3 and 4. Mixed groups of various types.

The number of former pupils desiring further treatment was thirteen and, as indicated previously, they were grouped together to retain their advantage of familiarity and ensure steady progress.

The sex incidence was found to be normal, one female to five males, and of correlated factors dental malocclusion, defective articulation (lisping, etc.) or partial deafness were found to be

present in many cases. These may be the underlying factors producing anxiety or inferiority states which arouse the stammer, and early treatment for children who show such defects is indicated, and may possibly aid in decreasing the incidence of stammering in the future.

As far as possible a personality investigation was carried out as an aid to adjustment where this appeared necessary, but time limitations meant that only a small amount of individual attention could be given.

The chief features of the technique were the use of auto-suggestion, specific drill in new speech habits, and the creation of situations for the employment of speech under conditions suited to the cases dealt with.

Relax action was taught as a means of overcoming the tensions so often found to cause speech blocking and to arouse a due state of receptivity for Hetero-suggestion to be employed. Better facilities and more comfort (provision of cushions for the head) are desirable however before the best results will be gained from this work.

Modifications introduced this year include the assignment of a part of each session to individual work by Hetero-suggestion, a suitable physical and mental state having been induced. Definite instruction on the mental and physical processes involved in speech has been given and exercises suggested to aid in developing a better personality and greater self-confidence.

The attendance at the groups has averaged 85 per cent. which points to the need for a limitation of the enrolment to eight in a group in order that individual help may be adequately given and the psycho-therapeutic side properly dealt with.

All the pupils enrolled since September, 1936, report definite improvement and a good post has been secured by one man after a long period of unemployment mainly due to his speech difficulties. A young lady who attended last year, has been enabled to enter a Training Hospital without any query as to her speech, and one of the adolescent group has, on leaving school, secured a good post in Government Service by interview. A man who has had, in addition to his stammer, a bad lisp for thirty-seven years, found he could after ten minutes' instruction, say 'S' and 'Z' perfectly and reported a marked improvement in speech thereafter. A lady of the same age previously in a subordinate post, has now taken charge of a business, telephoning, buying and interviewing customers with ease.

It would appear that the work of these classes could be greatly helped were it possible to have the advantage of consultation with

one of the School Medical Staff on occasions where this seemed desirable, as the lack of medical reference might lead to some organic difficulties being inadequately treated as purely functional.

In conclusion, I wish to state that the accessibility of the audiometer has been a great help in testing hearing, and it is hoped to conduct a survey of every stammerer's hearing if time allows, to investigate a possible correlation between the two defects."

Mrs. Jackson's work has also been of very great value, and it is extremely interesting to watch a class at work, although it will be realised that visitors might easily do a great deal of harm.

Her results to date are extremely satisfactory, but co-operation with both school and home is essential, and I would again plead for class teachers to make an effort to visit whilst their own pupils are under instruction. This becomes more necessary than ever with the new scheme, because, as I have said before, the first step must always be the desire of the pupil to be cured and the acceptance of the possibility of cure.

Stammerers will not be cured merely by attendance at a class for two periods a week, but only by a common understanding of the problems involved in each case which can only be done by a complete transfer of information to all concerned.

The co-operation of the child and parents must be secured both by Teacher and Speech Therapist, if full benefit is to be obtained.

Some children will need longer attendance than others; no hard and fast time can be prophesied. Some may not intend to get well quickly if they realise they get off arithmetic and some will not improve, if a specific disability is the remote cause, until that disability is remedied. These are points on which information can only be given by the class teacher.

There is no doubt that the part time system will be a great boon if these ideas are borne in mind, for the method of Speech Therapy is based largely on relaxation and suggestion, the latter being a matter for both teacher and taught.

Cleft Palates.—The course of special instruction arranged at the request of the Faculty of the Leeds Infirmary for children who have had operative treatment for cleft palate was continued until July, 1936.

Fifteen cases were dealt with, the age range being from 5 to 13. Three groups of five were formed, according to age, ability and time in class. The first Group of five obtained all sounds correctly

and the speech was fluent. These were recommended for discharge but to be interviewed from time to time to prevent retardation during the year following.

In Group 2, one case was exceptionally good, all sounds produced correctly but needed another term to accelerate the rhythm of his speech. Two had made marked improvement but needed further coaching. The remaining two in this Group, owing to indifferent attendance, made only fair progress.

Group 3 consisted of younger children and late entries. In each case the outlook is decidedly promising. All the cases under review are capable of producing intelligible and pleasing speech.

Thirty-six sessions were held ; the attendance was as follows :—

30 and over	..	..	7
20 to 30	..	..	5
Under 20	..	..	3

The percentage attendance, omitting one case withdrawn after three sessions, was 75. This is very gratifying and often the parents brought the children at great inconvenience to themselves. The parents' co-operation has been fully maintained, this and their keenness have contributed very much to the success of the undertaking. All were most appreciative and did not fail to express their gratitude for what was being done and for the progress their children made.

The atmosphere of the classroom was happy and purposeful. The progress of the individual children was very favourably commented upon by Mr. Collinson and Mr. Oldfield from the Faculty and others who visited the classes during the term.

From this and from previous experience Mrs. Andrews is of the opinion that :—

1. Definite Speech lessons should not be undertaken with children under five years old. In these cases the parents interest can be enlisted and pave the way for later training. It would be well to have a pamphlet prepared and placed in the hands of the parents, *e.g.*, "What the mother of a young cleft palate child can do," on similar lines to that written for the mother of a very young deaf child, *e.g.*, "What the mother of a very young deaf child can do." Such cases to be called up for interview periodically to note progress and for further advice where necessary, until the time for definite speech work by the Speech Specialist.

2. From 5 to 7, given normal mentality children benefit greatly in the hands of a qualified teacher of speech.
3. From 7 onwards, given normal mentality the progress is rapid.
4. In some cases Hare Lip is a great handicap. The possibility of grafting might be explored to give greater mobility to the upper lip.

There remains one other group for whom, at the moment, no provision exists: It is not accurate to describe them as unstable for to do so would not give an adequate picture. But the unstable, the maladjusted, the delinquent are all examples of children who need special care during their school life, and in many ways the term "Nervous Instability" is the best to use, as it shows itself in so many ways, in quick changes of mood, in anxiety or fears, in impulsive thought and action. It may be associated with mental or physical illness or even with crime; it may be a chronic condition of unrest or it may develop into an acute discord. Suffice it that the group as a whole is becoming more and more recognised by teachers as well as the community as a whole. Misfits perhaps is a good general description, for many become a danger to their fellows later in life. One such was described recently by the mother as "Ailing nowt but allus poorly"—a well-known type locally with those who "enjoy bad health." Many of them spend their school life in attendance at Out-Patient Departments or in Municipal Hospitals. They dislike school because they cannot compete and their register shows more Medical Certificates than attendance marks. They leave school at 14, but seldom retain a job long, they are the last to get work and the first to lose it, and later suffer from what are described as "Nervous Breakdowns." In medical language they are children with neurosis, which could in many cases be removed if treated early and properly. Children with capricious appetites—never hungry yet always eating wrong food—those with night terrors and those whose parents describe them as "bundles of nerves."

Up to recent times fear was considered essential to morality, and if a child showed no signs of awe in the presence of his elders he was thrashed into a becoming state of reverence and this was called "breaking his will." The timid child was deliberately frightened to "strengthen his nerves." He was made to fetch things in the dark and even be locked in a dark room. The fear of the Lord is said to be the beginning of wisdom. Fear is often the beginning of neurosis and of all emotions fear is the most calculated to produce lasting effect upon a neurotic child. The numbers of such children are by no means small, one American investigation says that 5 per cent. of the school population are

definitely neurotic, whilst English observers figures do not show much disagreement, and in any case the number is far greater than the number of feeble minded, and possibly as great as the number of dull and backward. These are the children for whom the work known as "Child Guidance" has come into being—a subject which it is gratifying to know the Committee is so intensely interested in and by which large numbers of these children can be restored to both mental and physical health. It can do little for badly retarded ones, but as many of these disorders are found during school life the provision of educational psychologists becomes an urgent requirement.

The provision of a Child Guidance Clinic is a matter needing your consideration, for experts are not easy to find, but will inevitably be required in the near future. I would ask for the appointment of Educational Psychologists as a start.

**Position with regard to the disposal of Subnormal Children
on 31st December, 1936.**

TYPE.	At no School or Institution.	Attending Public Elementary Schools.	Attending Special Schools.	At Other Institutions
Blind	—	—	18	—
Partially Sighted ..	—	22	64	—
Deaf	2	—	39	—
Partially Deaf ..	—	—	16	—
Epileptics	4	—	4	—
Mentally Defectives	117	46	404	34
Physically Defectives	38	2,208	441	6

Nursery School
and Nursery
Classes.

Dr. Prince reports :—

"During the year the Nursery Establishments under the supervision of the Committee have been increased by the inclusion of the Woodhouse Voluntary Open Air Nursery School, which has been recognised by the Board of Education for grant.

The School was initiated by a voluntary committee under the inspiration of the Emergency Open Air Nursery Campaign, and the building, with its pleasant garden, was constructed by the voluntary labour of unemployed men. It provides accommodation for forty or fifty children, and differs from the Hunslet Nursery School in providing breakfast as well as dinner and tea for all the children ; in providing a sliding scale of payments ; in making a minimum charge of one shilling per week for every child, without exception ; and in utilising the voluntary help of trained workers and the parents of the children.

The condition of the entrants, and of the school as a whole after vacations, points only too plainly to the need for the School's services in this district.

A further addition to the number of Nursery Establishments has been the fine nursery block at the Wykebeck School on the new Housing Estate at Gipton. The block consists of two nurseries with admirably planned cloakroom, lavatories, drying rooms, kitchen and staff room. The classrooms are fully glazed on two sides. The south wall in each case consists of a glass screen, which folds back to give access to an asphalt playground and garden plots.

The food for the mid-day meal is forwarded from the Central Kitchens. The School is still in the process of filling up, but at the present moment thirty-eight out of forty-four pupils are having dinner in school. Of these, thirty-one have been excused payments. As in the case of the other Nursery Classes, the mid-day meal is supplemented by one-third of a pint of milk and two teaspoonsful of cod liver oil.

We now have for comparison examples of each type of nursery unit; the Voluntary Nursery School, the Education Authority's Nursery School, a Nursery Block in a new school, and four reconstructed nursery units in old schools. The class at St. Peter's Square is suffering a temporary eclipse owing to slum clearance, but it is hoped that the construction of working-class flats in the neighbourhood will shortly restore it to full usefulness.

Each establishment is visited once a month by the Medical Officer. The children are inspected and weighed by the Nurse each month, and seen by the Medical Officer at least once a term. Clinic treatment is available for orthopaedic, aural and visual defects as well as for minor daily dressings.

During the year 331 children have been on roll in the various units. Of these 234 were new entrants; 76 have been in receipt of free meals, and 233 have been paying for their meals.

The Nursery Classes are responsible for 194 of the children. Of these 137 have availed themselves of the opportunity to stay to dinner, although only 58 of them have been excused payments.

The dinners are becoming increasingly appreciated and a number of parents are anxious for their children to continue school dinners after promotion from the Nursery. We have here the germ of a 'School Canteen' should it at any time be considered feasible to experiment in that direction.

Weight Charts extending over twelve months are only available for 160 children as yet, but it is interesting to note that the average

gain in weight of 119 'dinner' children in twelve months is 4 lbs. 6 ozs., as compared with a gain of 3 lbs. 13 ozs. in 41 'non-dinner' children.

Forty children were classified as of subnormal nutrition. Only one case of severe rickety deformity was noted in the whole group. This is in marked contrast with the findings of four years ago, and must be related to the fact that many of this year's entrants have been receiving one pint of milk daily for considerable periods, either from the Public Assistance Committee or the Infant Welfare Centres.

Various methods of assessing the children's social and mental development are being tried at the different establishments, and various types of record schedules are in use. Present records show that, in a group of 331 children, 29 are in need of special care and attention on account of emotional difficulties, and 46 show a general developmental retardation ranging from six to eighteen months. The phrase 'emotional difficulties' has been reserved for cases where faulty emotional adjustment is causing real anxiety for the child's future development. If to this number were added transient emotional difficulties associated with food fads, habit training and general discipline, the number of children in need of skilled guidance to supplement parental efforts would be treble the figure quoted.

The most extensive trials have been carried out at the Hunslet Nursery School, where 78 children have been assessed at intervals on the developmental schedules of Dr. Arnold Gesell, with very promising results. The findings are necessarily regarded with a certain reserve at this stage, but they have made possible a more accurate classification of the children, and have made provisional diagnosis possible in cases which have previously proved baffling, especially where there has been uncertainty as to whether unfavourable development was due to emotional difficulties, or to general defects in mental endowment.

The results in this carefully investigated group of 78 were:—emotional difficulties, 8 children; general retardation of six months and more, 14 children. These figures are weighted by the fact that a certain number of 'problem' children from outlying neighbourhoods find their way to the Nursery School.

More accurate assessment of the child's developmental status has already led to the institution of preventive measures in cases which might well have proved difficult to remedy later on. For example, a boy of four and a half years of age was found to be developing night terrors and temper tantrums. Tests showed that his muscular control and constructive ability were those of a four year old, while his general mental capacity was equal to that of a

five year old child. The conclusion was formed that such an uneven development must be leading to a sense of frustration in practical affairs, and steps were taken to encourage the development of bodily skill, to counteract an undue pre-occupation with make believe, and to discourage a tendency towards verbalism. The results are encouraging."

**Nursery Schools and Classes—
Summary of Routine Examinations, 1936.**

No. of Children Examined.	No. of Defects Referred for Treatment.	No. of Defects Referred for Observation.	No. of Children with Defects.	No. of Children Referred for Treatment.	No. of Children Referred for Observation.	No. of Children without Defects.
240	68	327	210	49	143	39

All statutory duties are complied with as regards inspection and treatment of pupils attending schools for Higher Education, and an additional school, St. Michael's R.C., was inspected for the first time for many years. Secondary Schools.

Further additions would be welcomed, as it is found that the examination of Secondary School pupils is so essential for vocational guidance. Parents should take the opportunity of getting all available information by attending these Inspections, especially in the case of boys.

Medical Inspection in Schools for Higher Education, 1936.

SCHOOL	No. of Routine Inspections	No. of Reinspections
MAINTAINED SECONDARY —		
City of Leeds	254	313
Cockburn Boys'	122	182
Cockburn Girls'	72	119
Thoresby	182	12
Leeds Modern	92	27
Lawnwood High	170	158
West Leeds Boys'	Postponed until early 1937.	
West Leeds Girls'		
Roundhay	112	249
Roundhay High	210	278
Chapel Allerton	242	262
	122	179
NON-MAINTAINED SECONDARY —		
Notre Dame	111	181
St. Michael's College	239	1
MAINTAINED JUNIOR TECHNICAL —		
College of Commerce	111	87
Junior Technical	143	74

**Summary of Receipts from Parents towards the cost of
Treatment of Children through the agencies of the
School Medical Service.**

	1936.			1935.		
	£	s.	d.	£	s.	d.
Refraction Treatment and Supply of Spectacles	891	3	0	917	1	3
Dental Treatment	673	12	5	607	1	0
Minor Ailments and X-ray Treatment	14	5	6	17	19	9
Supply of Malt and Cod Liver Oil	146	16	0	153	18	0
Treatment of Tonsils and Adenoids	56	8	6	42	11	0
Orthopædic Treatment—Operations, Appliances, etc.	39	10	3	42	0	1
Massage	24	19	7	17	11	10
TOTAL CASH RECEIVED	£ 1,846	15	3	1,798	2	11

Miscellaneous.

The examination of all successful Scholarship candidates has proceeded as usual as well as the examination of candidates for admission to the Training College.

The responsibility is a heavy one and it is gratifying to report that our efforts seem to have the approval of the Principals concerned. Everything is done to assist them to secure the admission of none but suitable candidates.

The work of the Remand Home now almost demands a weekly session, and the loss of Dr. Wyatt is particularly regretted for this purpose. Care will always be taken to give the Justices all possible information and help in their difficult but well worth task. The distance of the Home has made it impossible for children to be seen at other than pre-arranged times, and it is probable that arrangements will be considered to reserve the Home for boys only—girls being treated elsewhere.

Children's Day again called for the assistance of the staff, especially for the Healthy Children's awards in which we were helped as usual by the staff of the Maternity and Child Welfare Department. The final selection for the two hundred silver spoons presented by the Yorkshire Evening Post was made by :—

Under 1 year—

Prof. Wm. Gough, M.B., B.S., F.R.C.S., F.C.O.G., former
Professor of Obstetrics at the University of Leeds.

Between 1 and 2 years—

Prof. C. W. Vining, M.D., F.R.C.P., Professor of Children's
Diseases, University of Leeds.

Between 2 and 3 years

T. N. V. Potts, Esq., M.D., B.Hy., D.P.H., Medical Officer
of Health and School Medical Officer for the West
Riding of Yorkshire.

to whom the thanks of the mothers are due.

There are many points in this report which ask for your ^{Conclusion} consideration. In view, however, of suggestions made last year and of the fact that a sub-committee is appointed to investigate some of them, it may be well to await their conclusions, and to make no attempts to anticipate them.

On behalf of myself and my colleagues, I desire, Mr. Chairman, Ladies and Gentlemen, to thank you for your consideration, also the Director and all members of the staff for their help.

I have the honour to sign myself,

Your obedient Servant,

G. E. St. CLAIR STOCKWELL,

School Medical Officer.

APPENDIX A.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1936.

TABLE I.

Medical Inspections of Children attending Public Elementary Schools

A.—Routine Medical Inspections.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS.

Entrants	6,198
Second Age Group	5,203
Third Age Group	5,429
TOTAL	16,830
NUMBER OF OTHER ROUTINE INSPECTIONS	2,052
GRAND TOTAL	18,882

B.—Other Inspections.

NUMBER OF SPECIAL INSPECTIONS	22,873
NUMBER OF RE-INSPECTIONS	32,128
TOTAL	55,001

C.—Children Found to Require Treatment.

NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DEFECTS OF NUTRITION, UNCLEANLINESS AND DENTAL DISEASES).

GROUP. (1)	For defective vision (excluding squint). (2)	† Total found to require Treatment. (3)
Entrants	216	2,204
Second Age Group	524	1,832
Third Age Group	671	1,842
TOTAL (Prescribed Groups)	1,411	5,878
Other Routine Inspections	228	754
GRAND TOTAL	1,639	6,632

† A separate classification of children requiring treatment for defects other than Defective Vision and Nutrition has not been kept during 1936. This figure includes all children referred for treatment excluding uncleanness and dental diseases.

TABLE II.

**A.—Return of Defects found by Medical Inspection in the
Year ended 31st December, 1936.**

Defect or Disease		Routine Inspections.		Special Inspections.	
		Number of Defects.		Number of Defects.	
		Requiring Treatment.	Requiring to be kept under observation but not Requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not Requiring Treatment.
(1)		(2)	(3)	(4)	(5)
Skin	(1) Ringworm Scalp	4	1	88	—
	(2) " Body	13	—	103	—
	(3) Scabies	6	—	609	—
	(4) Impetigo	59	1	1,033	—
	(5) Other Diseases (Non-Tuberculous) ..	370	111	8,101	—
	TOTALS (Heads 1 to 5)	449	113	10,591	—
Eye	(6) Blepharitis	122	28	281	—
	(7) Conjunctivitis	18	1	102	—
	(8) Keratitis	2	—	3	—
	(9) Corneal Opacities	2	3	2	—
	(10) Other Conditions (excluding Defective Vision and Squint)	39	10	531	—
	TOTALS (Heads 6 to 10)	183	48	1,225	—
Ear	(11) Defective Vision (excluding Squint)	1,081	1,137	5,015	—
	(12) Squint	191	231	11	—
	(13) Defective Hearing	283	114	137	—
	(14) Otitis Media	5	1	278	—
	(15) Other Ear Diseases	392	11	1,001	—
Nose and Throat	(16) Chronic Tonsillitis only	735	1,104	189	—
	(17) Adenoids only	17	—	82	—
	(18) Chronic Tonsillitis and Adenoids ..	329	65	947	—
	(19) Other Conditions	1,823	612	1,027	—
	(20) Enlarged Cervical Glands (Non-Tuberculous) ..	128	149	180	—
	(21) Defective Speech	39	152	135	1
Heart and Circulation	Heart Disease:				
	(22) Organic	88	111	79	1
	(23) Functional	22	329	9	—
	(24) Anæmia	100	77	37	—
	(25) Bronchitis	385	250	107	—
Lungs	(26) Other Non-Tuberculous Diseases ..	68	51	53	—
	Pulmonary:—				
	(27) Definite	—	—	21	—
	(28) Suspected	5	—	136	—
	Non-Pulmonary:—				
Tuberculosis	(29) Glands	9	2	6	—
	(30) Bones and Joints	1	—	15	—
	(31) Skin	—	—	—	—
	(32) Other Forms	1	2	5	—
	TOTALS (Heads 29 to 32)	11	4	50	—
Nervous System	(33) Epilepsy	6	5	10	—
	(34) Chorea	11	5	29	—
	(35) Other Conditions	97	222	2	—
	(36) Rickets	79	15	193	—
	(37) Spinal Curvature	83	103	221	—
Deformities	(38) Other Forms	1,237	620	131	—
	(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases) ..	833	1,407	5,832	8
	TOTAL number of defects	9,295	7,329	28,160	10

B.—Classification of the Nutrition of Children Inspected During the Year in the Routine Age Groups.

AGE-GROUPS.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	6,198	740	11.9	1,607	25.8	718	11.4	13	0.2
Second Age-group ..	5,203	652	12.5	3,658	70.3	874	16.8	19	0.4
Third Age-group ..	5,120	971	17.9	3,704	68.2	712	13.7	12	0.2
Other Routine Inspections ..	2,052	255	12.4	1,410	68.7	380	18.5	7	0.4
TOTAL ..	18,882	2,618	13.9	13,469	71.3	2,744	14.5	51	0.3

Of the 2,711 cases classified "C" (slightly subnormal) :—

607 were referred for treatment.

604 were referred for observation.

1,473 no action deemed necessary.

Of the 51 cases classified "D" (Bad) :—

41 were referred for treatment.

5 were referred for observation.

2 no action deemed necessary.

TABLE III.

Return of all Exceptional Children in the Area, 1936. Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	TOTAL.
18	—	—	—	18

Partially Sighted Children.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	TOTAL.
—	64	22 (a)	—	—	86

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	TOTAL.
39	—	—	2	41

Partially Deaf Children.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	TOTAL.
—	16	—	—	—	16

Mentally Defective Children—Feeble-minded Children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	TOTAL.
194	10 (b)	34 (c)	117 (d)	601

Epileptic Children—Children Suffering from Severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	TOTAL.
4	—	—	1	5

TABLE III continued**Physically Defective Children.****A. Tuberculous Children.****I. Children Suffering from Pulmonary Tuberculosis.
(Including pleura and intra-thoracic glands.)**

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	TOTAL.
18			1	19

II. Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	TOTAL.
14	84		15	113

B. Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	TOTAL.
27	1,511 (e)	6	2	1,546

C. Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	TOTAL.
88	236	—	6	330

D. Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	TOTAL.
29	407	—	9	445

Children suffering from Multiple Defects (f).

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	TOTAL.
Crippled and Feeble minded	13				13
Deaf and Feeble-minded	2				2
Epileptic and Feeble-minded	3		—		3
Heart and Feeble-minded	2		—		2

(a) These children have been recommended for attendance at Partially Sighted Classes but parents object.

(b) Twenty-five of these children were admitted to Special Schools on the 5th January, 1937. 1 was certified mentally defective, but owing to age was allowed to remain in ordinary school under supervision, and will be reviewed from time to time up to 16 years of age. Twenty are awaiting admission to Special Schools.

(c) These children have been placed in Private Schools by their parents, and are examined annually by the School Medical Officer.

(d) These children have left the Special Schools on license to take up approved employment. They will be under supervision until reaching 16 years of age.

(e) This includes 30 children on whom a diagnosis of intra thoracic tuberculosis has been made by a Tuberculosis Officer, all of whom are certified as non-infective and are attending ordinary schools.

(f) In addition to these, there are 8 children at the School for Crippled Children who are under the observation of the School Medical Officer regarding their mental conditions. These have not yet been certified as dual cases.

There are also a number of Partially Sighted and Partially Deaf Children with other certifiable Defects. These children are not included.

During the three terms at The James Graham Open-Air School in 1936, 501 children have attended. The number shown in the Table represents the children in attendance at the end of the year.

TABLE IV.
Treatment Tables, 1936.
Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VI.).

DISEASE OR DEFECT.	NUMBER OF DEFECTS TREATED, OR UNDER TREATMENT DURING THE YEAR.		
	Under the Authority's Scheme.	Otherwise.	Total.
SKIN—			
Ringworm—Scalp—			
(i.) X-ray Treatment.	31	—	31
(ii.) Other Treatment	50	13	63
Ringworm—Body	95	15	110
Scabies	572	41	613
Impetigo	1,630	51	1,681
Other skin disease	8,008	431	8,439
MINOR EYE DEFECTS			
(External and other, but excluding cases falling in Group II.)	1,189	176	1,365
MINOR EAR DEFECTS	1,466	660	2,126
MISCELLANEOUS			
(<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)	3,763	1,720	5,483
TOTAL	16,804	3,107	19,911

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	NO. OF DEFECTS DEALT WITH.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including squint)	4,847	347	5,194
Other defect or disease of the eyes (excluding those recorded in Group I.)	—	—	—
TOTAL	4,847	347	5,194
	Under the Authority's Scheme.	Otherwise.	Total.
No. of children for whom spectacles were			
(a) Prescribed	3,508	156	3,664
(b) Obtained	4,702*	156	4,858

* Includes alterations to lenses and spectacles replaced without further refraction.

TABLE IV.—continued

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.													
Received Operative Treatment.												Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)		
—	9	81	9	21	2	1,567	57	21	11	1,648	66	1,093	5,809

(i.) Tonsils only. (ii.) Adenoids only. (iii.) Tonsils and Adenoids. (iv.) Other defects of the nose and throat.

Group IV.—Orthopædic and Postural Defects.

Under the Authority's Scheme.					Otherwise.		Total number Treated
Residential Treatment with Education	Residential Treatment without Education	Non- Residential Treatment at an Orthopedic Clinic.	Residential Treatment with Education	Residential Treatment without Education	Non- Residential Treatment at an Orthopedic Clinic.		
Number of children treated	1	21	510	68	529	177	1,208*

* It is not possible to ascertain the number of individual children treated outside the Committee's Scheme who have received other forms of treatment and the figure 1,208 is approximate.

Table V.—Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist:

(a) Routine age-groups.

AGE	5	6	7	8	9	10	11	12	13	14	Total
Number	—	2,872	3,194	3,247	3,094	2,880	2,711	2,548	2,361	234	23,141

(b) Specials 6,499

(c) TOTAL (Routine and Specials) 29,640

(2) Number found to require treatment 26,816*

(3) Number actually treated 23,347†

(4) Attendances made by children for treatment 42,115

(5) Half-days devoted to:—

Inspection 159

Treatment 5,109

TOTAL 5,265

(7) Extractions:—

Permanent Teeth 6,392

Temporary Teeth 35,602

TOTAL 44,994

(8) Administrations of general anaesthetics for extractions 17,419

(6) Fillings:—

Permanent Teeth 35,059

Temporary Teeth 65

TOTAL 35,121

(9) Other Operations:—

Permanent Teeth 1,910

Temporary Teeth 95

TOTAL 5,005

* Includes 6,499 Casuals.

† " 6,441 "

‡ In addition 189 sessions spent in other work.

TABLE VI.—Uncleanliness and Verminous Conditions.

(1) Average Number of Visits per School made during the year by the School Nurses	46
(2) Total Number of Examinations of Children in the Schools by School Nurses	208,685
(3) Number of Individual Children found unclean	10,450
(4) Number of Individual Children cleansed under Section 87 (2) and (3) of the Education Act, 1921	2,602
(5) Number of Cases in which legal proceedings were taken:—	
(a) Under the Education Act, 1921	102
(b) Under School Attendance Byelaws	161

TABLE VII.—Other Forms of Treatment.

DEFECT.	NUMBER OF DEFECTS TREATED OR UNDER TREATMENT DURING THE YEAR.		
	Under the Authority's Scheme.	Otherwise.	Total.
Heart and Circulation	—	314	314
Lungs	—	886	886
Malnutrition	516	1,443	1,959
Other Defects	466	3,129	3,595
TOTAL	982	5,772	6,754

TABLE VIII.

Return of Attendances at Medical Clinics, 1936.

CLINIC.	ARMLEY.	BURLEY.	EAST LEEDS.		EDGAR ST.		HOLBECK		HUNSLET.		MEANWOOD RD.		CENTRAL.		TOTAL.	
	No. of Cases.	No. of Attendances.	No. of Cases.	No. of Attendances.	No. of Cases.	No. of Attendances.	No. of Cases.	No. of Attendances.	No. of Cases.	No. of Attendances.	No. of Cases.	No. of Attendances.	No. of Cases.	No. of Attendances.	No. of Cases.	No. of Attendances.
Number of Attendances	18,130 (15,155)	21,020 (18,549)	17,400 (16,752)	25,398 (31,491)	20,899 (20,459)	40,592 (31,173)	18,632 (17,479)	14,133 (12,744)	18,632 (17,479)	14,133 (12,744)	177,175 (110,562)	177,175 (110,562)	177,175 (110,562)	177,175 (110,562)	177,175 (110,562)	177,175 (110,562)
Defects.																
Malnutrition ..	190	3017	50	302	4536	214	219	6320	95	11810	93	3750	12	108	1	108
Undermining of Head ..	171	1471	310	745	2407	728	319	1917	314	1583	310	1577	553	6116	308	6116
Undermining of Body ..	1	1	5	6	12	6	8	25	7	0	21	37	21	171	1	171
Neural and Throat Defects ..	85	117	117	99	211	97	219	656	202	1098	146	74	95	514	21	514
External Eye Diseases ..	201	2411	179	103	1630	166	131	1208	119	1208	166	1303	132	1258	131	1258
Ear Diseases ..	119	2220	106	102	2755	193	102	1851	166	2250	168	1303	132	1258	131	1258
Teeth, see Dental pp.																
375, 83, 80...																
Heart and Circulation ..	1	17	7	1	7	1	1	7	11	11	10	11	10	11	10	11
Leg Diseases ..	35	10	6	3	35	11	39	36	35	123	22	120	64	15	21	15
Nervous System ..	13	8	5	—	—	—	3	4	1	1	1	1	18	31	19	31
Intestines ..	231	2721	210	188	3493	352	171	1417	149	2013	206	2031	195	1800	180	1800
Stomach ..	13	500	63	68	356	66	59	381	58	201	52	433	83	533	618	533
Other Skin Diseases ..	886	4972	788	1422	3801	1678	862	3697	778	11710	1935	6304	1477	8	8208	1207
Minor Injuries ..	538	3731	680	166	1942	411	603	1650	562	2333	175	924	201	3	3800	1704
Knock-in of Head ..	8	111	11	8	61	5	1	80	2	13	0	5	3	31	20	81
Ringsworm of Feet ..	20	210	17	17	157	15	7	29	6	31	7	26	1	103	1	103
Infected Cerv. Glands ..																
Non-Tuberc. ..	10	113	105	13	34	13	5	14	4	66	17	21	8	18	18	614
Kidneys ..	11	271	7	27	560	18	53	821	33	421	28	4	2	273	197	386
Deformities ..	17	43	15	33	476	27	30	182	12	59	37	3	1	351	654	654
Tuberculosis (Non-Pulmonary) ..	1	1	1	1	29	—	12	17	12	—	0	22	0	30	22	11
Speech ..																
132																
Vision and Sight ..	605	727	716	617	651	631	589	607	581	728	722	41	36	1116	102	5170
Hearing ..	43	91	13	17	57	17	4	16	2	1	6	0	3	62	0	137
Miscellaneous ..	125	807	373	202	378	226	122	247	119	798	138	511	293	151	248	883
Mental Cases ..																
1005																
Employment Cases ..																
Scholarship Cases ..																
Camp Cases ..																
Children's Day ..																
Examinations ..																
TOTALS ..	3760	48,430	3793	4907	25,398	4,345	3,737	20,899	3,280	5,090	40,592	18,632	7,560	11,438	37,220	177,175
																3,610

* Includes 9,403 attendances at the Middleton Sub-Clinic.

The figures in brackets represent those for 1935.

TABLE IX.

**Number of Notices issued to Parents of Children Reported
to have Defects during 1936.**

(1) Elementary and Special Schools.

SCHOOL MEDICAL OFFICERS' CASES—

First Notices	..	..	..	..	..	8,418
Second Notices	..	..	..	..	..	1,179

DEFECTIVE VISION CASES	..	..	..	..		9,597
						9,330

SCHOOL NURSES' CASES—

Uncleanliness of Head—

First Notices	..	..	..	..	10,947
Second Notices	..	..	..	..	6,253
Special Notices	..	..	..	..	1,168
Final Notices	..	..	..	..	4,190

22,558

Uncleanliness of Body—

First Notices	..	..	..	..	1,265
Second Notices	..	..	..	..	224
Final Notices	..	..	..	..	81

1,570

SCHOOL DENTAL OFFICERS' CASES			24,128
						26,816

(2) Secondary Schools.

DEFECTIVE VISION CASES		168
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SCHOOL DENTAL OFFICERS' CASES			1,288
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TOTAL			71,327
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TABLE X.

Number of Exclusions, 1936.

DEFECT.	REFERRED FOR EXCLUSION BY		TOTAL.
	School Medical Officers.	School Nurses.	
Uncleanliness of Head ..	1	3,408	3,409
Uncleanliness of Body ..	—	171	171
Ringworm	19	38	57
External Eye Diseases ..	17	51	68
Scabies	154	343	497
Other Skin Diseases	94	486	580
Other Diseases	2	18	20
TOTAL 1936	287	4,515	4,802
TOTAL 1935	177	2,850	3,027

TABLE XI.
Average Height.

Age last Birthday.	Elementary Schools.			
	Number Measured.		Inches.	
	Boys.	Girls.	Boys.	Girls.
4	609 (1,053)	817 (1,013)	39.9 (39.9)	39.5 (39.4)
5	1,365 (1,445)	1,394 (1,515)	41.9 (41.8)	41.5 (41.5)
8	2,560 (2,830)	2,634 (2,743)	48.5 (48.4)	48.2 (48.2)
12	2,535 (2,605)	2,488 (2,748)	55.7 (55.4)	56.4 (56.2)

The figures in brackets are those for 1935.

TABLE XII.
Average Weight.

Age last Birthday.	Elementary Schools.			
	Number Weighed.		Lbs.	
	Boys.	Girls.	Boys.	Girls.
4	609 (1,053)	817 (1,013)	37.2 (37.2)	36.2 (36.1)
5	1,365 (1,445)	1,394 (1,515)	40.2 (40.5)	38.6 (39.2)
8	2,560 (2,830)	2,634 (2,743)	54.0 (54.2)	53.0 (52.8)
12	2,535 (2,605)	2,488 (2,748)	70.5 (76.6)	70.5 (79.0)

The figures in brackets are those for 1935.

TABLE XIII.

**A.—Return of Defects found by Medical Inspection
in the Year ended 31st December, 1936.
HIGHER EDUCATION.**

DEFECT OR DISEASE.	No. of Defects Requiring Treatment.	No. of Defects to be kept under Observation but not Requiring Treatment.
SKIN—		
Ringworm—Scalp	—	—
Body	—	—
Scabies	—	—
Impetigo	1	—
Other Diseases (non-tuberculous)	15	29
EYE—		
Blepharitis	5	—
Conjunctivitis	—	—
Keratitis	—	—
Corneal Opacities	—	—
Defective Vision (excluding Squint)	258	224
Squint	5	5
Other Conditions	1	3
EAR—		
Defective Hearing	8	5
Otitis Media	1	—
Other Ear Diseases	20	6
NOSE AND THROAT—		
Chronic Tonsillitis only	10	11
Adenoids only	—	1
Enlarged Tonsils and Adenoids	3	—
Other Conditions	63	29
ENLARGED CERVICAL GLANDS (non-tuberculous)	1	6
DEFECTIVE SPEECH	1	6
TEETH—Dental Diseases (see Table XIV.)	—	—
HEART AND CIRCULATION—		
Heart Disease—Organic	1	26
Functional	6	12
Anæmia	7	7
LUNGS—		
Bronchitis	3	8
Other non-tuberculous diseases	1	7
TUBERCULOSIS—		
Pulmonary—Definite	—	—
Suspected	—	—
Non-Pulmonary—Glands	—	2
Spine	—	—
Hip	—	—
Other Bones and Joints	—	—
Skin	—	—
Other Forms	—	—
NERVOUS SYSTEM—		
Epilepsy	—	—
Chorea	—	—
Other Conditions	10	25
DEFORMITIES—		
Rickets	—	—
Spinal Curvature	46	10
Other Forms	196	91
OTHER DISEASES AND DEFECTS	59	108

**B—Number of Individual Children found at Routine
Medical Inspection to require treatment
(excluding Uncleanliness and Dental Diseases).**

NUMBER OF CHILDREN.		Percentage of Children found to Require Treatment.
Inspected.	Found to Require Treatment.	
2,182	617	29.7

C—Classification of the Nutrition of the Children Inspected.

A (Excellent).		B (Normal).		C (Slightly Subnormal).		D (Bad).	
No.	%	No.	%	No.	%	No.	%
466	21.4	1,388	63.6	320	14.9	2	.1

Table XIV.
Dental Inspection and Treatment.

HIGHER EDUCATION.

(1) Number of children inspected by the Dentist—

(a) ROUTINE AGE GROUPS—

Age	10	11	12	13	14 and over	Total
Number	1	20	50	78	100	339

(b) SPECIALS 2

(c) TOTAL (Routine and Specials) 341

(2) Number found to require treatment 290

(3) Number actually treated 344

(4) Attendances made by children for treatment 883

(5) Half days devoted to—

Inspection 3

Treatment 172

(6) Fillings—

Permanent Teeth 1,492

Temporary Teeth —

(7) Extractions—

Permanent Teeth 190

Temporary Teeth 79

(8) Administrations of General Anaesthetics for extractions — 123

(9) Other Operations—

Permanent Teeth 207

Temporary Teeth —

TABLE XV.
Routine Medical Inspection in Special Schools.

NUMBER OF CHILDREN.		Percentage of Children found to Require Treatment.
Inspected.	Found to Require Treatment.*	
229	120	52.4

*Excluding Uncleanliness and Dental Diseases.

TABLE XVI.
Dental Inspection in Special Schools.

NUMBER OF CHILDREN.		Percentage of Children found to Require Treatment.
Inspected.	Found to Require Treatment.	
532	409	76.9

APPENDIX B.

PHYSICAL EDUCATION.
ANNUAL REPORT, 1936.

The encouragement in future development mentioned in last year's Report has been maintained and the work will continue to improve as better facilities are provided.

A comprehensive report of the year's work is described under appropriate headings, as follows :—

A.—Physical Training in the Schools.

1. Accommodation.
2. Teachers' Classes.
3. Apparatus.

B.—Central Council of Recreative Physical Training.

1. Manchester.
2. Leeds.
3. Local Contacts.

C.—The Keep Fit Movement.

1. Summary of Keep Fit Classes.
2. Board of Education Circular 1445.
3. Accommodation.
4. Leadership.
5. Closing of Classes.

D.—Swimming.

E.—School Camp.

F.—Other Activities.

1. Play Centres.
2. Leeds and District Swedish Gymnastic Association.
3. Physical Education Circle.
4. Children's Day.

A. Physical Training in the Schools.

1. *Accommodation.*—It is a pleasure to report that accommodation for Physical Training is steadily improving. It is pointed out in the Board of Education publication—Physical Training Series No. 14—'Memorandum on the Planning, Construction and Equipment of Gymnasia in all types of Schools and Educational Institutions', that the most important apparatus in the gymnasium is the floor, and a larger number of halls have received attention in this respect during the year. Many floors have been planed, relaid and generally re-conditioned, finally being treated with a special liquid application for improving the surface. It is unfortunate that many halls used for Physical Training have to be used for assembly, thus depositing dirt and grit on to the floor, an undesirable and unhygienic condition that reduces the physical benefit derived from the lesson. Every effort is being made to counteract this by keeping the floor surface in reasonably good condition.

In every case improved accommodation has brought about an improved standard of work, largely resulting from the ensured

regularity in the lessons. In the one case where a set of wall bars has been erected, the resultant higher standard of work has given a surprising impetus to the attendance at Keep Fit classes.

Schools without indoor accommodation continue to make use of halls in the vicinity that are rented by the Education Committee. This scheme is highly appreciated and is a good temporary solution to the difficulty. A list of halls used for this purpose is appended.

ROOMS RENTED FOR PHYSICAL TRAINING.

SCHOOLS.	ROOMS.
Belle Vue Senior Girls Council	Belle Vue Methodist Schoolroom.
Blenheim Boys Council	All Souls Parish Hall.
Blenheim Girls Council	All Souls Parish Hall.
Brownhill Council Annexe	St. Cyprian's Schoolroom.
Chapeltown Mixed Council	St. Matthew's Church Room.
Cross Flatts Park Girls Council	Trinity Methodist Schoolroom.
Lower Wortley Council	Cliff Hall Working Men's Institute.
Middleton Junior Girls Council	Middleton Church Hall.
Primrose Hill Girls Council	Y.M.C.A. Burmantofts.
Quarry Mount Girls Council	Warburton Room, St. Gabriel's.
Rodley Council	Rodley Baptist Church.
St. Peter's Square Council	Good Shepherd Mission.
South Accommodation Road Girls Council	St. Silas Mission and Y.M.C.A., Hunslet Branch.
Upper Wortley Council	Upper and Lower Wortley Liberal Club.
<hr/>	
All Saints Mixed C. of E.	Parish Room.
Armley C. of E.	Armley Parish Hall.
Bramley C. of E.	Bramley Church Young Men's Institute.
Burley Girls C. of E.	St. Columba's Mission Room.
Burmantofts C. of E.	Y.M.C.A. Burmantofts.
Buslingthorpe C. of E.	Woodhouse Carr Council School.
Headingley C. of E.	Parochial Institute.
Holbeck Girls C. of E.	St. Catherine's Mission Room.
Hunslet St. Silas Boys C. of E.	St. Silas Mission Room.
Hunslet St. Silas Girls C. of E.	Y.W.C.A. Premises.
Manston C. of E.	Manston Parish Room.
St. Saviour's Mixed C. of E.	Bethlehem Room.
Shadwell C. of E.	Scouts' Hut.
Upper Armley C. of E.	Parish Hall.
<hr/>	
Holy Family R.C.	Hut adjoining School.
St. Charles Infants R.C.	St. Charles R.C. Club.
St. Charles Boys and Girls	Parochial Hall.
St. Mary's Girls R.C.	St. Mary's Parochial Hall.
St. Joseph's Boys R.C.	St. Joseph's Hall.
St. Joseph's Girls R.C.	St. Joseph's Hall.

2. *Teachers' Classes.*—A brief survey of the scheme introduced in 1931 for the training of teachers was submitted in last year's Report. The third group of men and women teachers completed their two years' training course for Teachers in Senior and Evening Schools. During the six years that this scheme has been in operation, 98 men and 132 women have been successful in obtaining the certificate issued by the Education Committee for attendance at these courses, which have always been held in the evenings during the summer months.

Classes have also been held in the evenings for teachers as follows :—

(a) Keep Fit (Men) Leaders.. ..	38 on roll.
(b) Keep Fit (Women) Leaders	27 „ „
(c) P.T. Course for Junior Teachers ..	28 „ „

Further particulars of the Keep Fit Leaders Classes will be found under heading 'C.'

Day Courses.—The Physical Training Staff were instructed to conduct Day Courses for teachers during the month of September. These courses—two for men and two for women—were held at the Training College, Beckett Park, and were attended by 47 men and 63 women. The men's classes were visited by the Committee's Chief Inspector of Schools (Mr. J. W. Moulden, M.A.) and His Majesty's Inspector of Physical Training (Capt. W. A. Goddard, O.B.E.).

3. *Apparatus.*—The policy of supplying apparatus when required, rather than granting a complete supply to all departments, has been continued. The demand for apparatus naturally varies with the facilities for conducting the Physical Training lesson, and the degree of enthusiasm for, and efficiency in the lesson.

The following apparatus has been supplied during the year :—

Footballs—Association size 4—2A ordinary.

„ „ 2AV laceless.

Rugby size 4—2R ordinary.

„ „ 2RV laceless.

Small Balls—Handballs (uncovered tennis)—plain.

Unburstable—in four colours.

Six inch—plain.

Skipping Ropes—Long 6 yds., Short 10 ft.

Rounders—Bats.

Sticks—for match play.

Balls—for match play.

Base Ball—as supplied for Rounders.

Net Ball—Posts.

Rings and Nets.

General—Jumping stands and rope.

Landing Mats.

Kit Bags.

Wooden Hoops—24 ins. and 30 ins. diameter.

Bean Bags—four colours.

Braid—four colours.

Paint for marking playground.

Music and Instructions for dancing.

Block Chalk.

Rubber Quoits for Deck Tennis.

Individual Mats (seagrass).

Shinty—Balls.

Sticks.

Senior School Apparatus—Balance Forms.

Agility Mats.

Pommel Horse.

Vaulting Box.

Cricket—Bats sizes 4 and 5.

Balls—composition, rubber-covered, match.

Gloves—stumping and batting.

Wickets.

Leg Guards.

Clothing. The rapid development in the past few years in the standard of Physical Training in the schools has indicated the desirability of suitable clothing, especially for senior children whose training is of a more strenuous character. In a few cases supplies of shoes have been provided by the Education Committee, but on the whole there has been a generous response from parents and individual schools to provide suitable dress for the physical training lesson. Improved accommodation is generally accompanied by provision of suitable dress, and in the one department where wall bars have been supplied, every senior boy has been equipped with shoes and shorts at an expense of nearly £10 from the school fund.

Last September a scheme was introduced to provide knickers for the girls. Material is supplied to the schools on application, and the cutting out and making of gymnastic knickers is included in the needlework course for Standard IV, girls.

Accommodation for Apparatus.—The increase of apparatus supplied to schools has raised the problem of suitable storage. This problem will increase in difficulty when the Board's recommendations (Circular 1450) for the provision of suitable clothing comes into effect.

B.—Central Council of Recreative Physical Training.

The co-operation between this Department and the Central Council of Recreative Physical Training, outlined in last year's Report, has been maintained throughout the year. The chief items of interest are detailed below :—

1. *Manchester.*—The Central Council, in co-operation with the Lancashire Keep Fit Movement, organised a day course, for Keep Fit Leaders—men and women—last October. The Course was held at Manchester in the afternoon and evening of Saturday, 10th October, and was attended by 300 women and 120 men from a wide area. At the invitation of the Central Council the Chief

Organiser for Leeds conducted the opening session. 'Recreative Gymnastics for Men,' from 3.0 to 3.45. This session consisted of a brief explanation of the progress made in Leeds, followed by a practical lesson with about 60 men.

2. *Leeds*.—Suggestions have been made for holding a similar course in Leeds early this year. The most suitable accommodation for such a meeting is the Leeds Town Hall, and owing to the heavy bookings it was not possible to find a suitable date until November. It is proposed therefore, to hold a Keep Fit Day Course at Leeds Town Hall on the afternoon of Saturday 20th November, to be followed by a demonstration of the type of Keep Fit work for men and women at present in operation in Leeds. Such demonstrations as this, and the visit of the Danish Olympic Team to Leeds on the 8th February, arouse public interest in the subject, give an added attendance at Keep Fit classes, and do much to further the National Campaign for a Fitter Britain.

3. *Local Contacts*.—The Leaders' Course (voluntary) for the Y.M.C.A. Boys' Work Committee, which closed at Easter, was re-opened in September and covers a more comprehensive scheme. The course was a local application of the English Football Association Training Scheme, and included:

1. Keep Fit lessons by the Chief Organiser of Physical Training.
2. Football Technique—Mr. James Frew, Official F. A. Coach.
3. Minor Injuries and First Aid—Mr. A. Campey, Leeds United Ground.

In addition to the Leaders' Course, special classes were arranged for football teams in various parts of the City, and in some cases the Keep Fit lesson was followed by a practical lesson of football technique by Mr. Frew. Although the classes have not been attended as well as was expected, the scheme, which was largely experimental, has done much to break down the suspicion prevailing in certain quarters. Out of seven classes commenced in the Autumn, three of them are well patronised and some excellent work is being done. The experiment has given valuable experience to all concerned and resulted in a very happy co-operation between the Education Committee's representatives, the Keep Fit leaders and this important local youth organisation.

Resulting from this contact, the Chief Organiser was invited to open the programme of 'Modern Methods of Physical Culture' at the Town Hall on the 13th June, at 7.0 p.m. The item took the form of a short address on the National Keep Fit Campaign, followed by a demonstration of Keep Fit work by twelve men chosen from the open Keep Fit classes held at Beckett Park last summer.

C.—The Keep Fit Movement.

One of the most important features of the work of this Department during the last year has been the launching of the Keep Fit Movement in this City. Classes have been formed in different parts of the City, where there has been a demand and accommodation. The following list of classes indicates a very satisfactory response by the general public:—

1. SUMMARY OF KEEP FIT CLASSES.

	No. of Classes.		No. on Roll.		TOTAL.	
	Men.	Women.	Men.	Women.	No. of Classes.	No. on Roll.
<i>Post School Age</i> —						
(a) Boys	8	—	282	—	} 24	1,108
(b) Girls	—	16	—	826		
<i>Keep Fit—Local Classes</i> held in Evening Schools.						
(a) Men	5	—	139	—	} 23	1,131
(b) Women	—	18	—	992		
<i>Keep Fit—Central</i> Classes (Thoresby Institute).						
(a) Men	7	—	249	—	} 15	572
(b) Women	—	8	—	329		
<i>Keep Fit—Business</i> Houses.						
(a) Schofields	1	2	—	109	} 5	213
(b) Burtons		1	47	29		
(c) Utilus Coat Co.		1	—	28		
<i>Other Classes :</i>						
(a) Sports Organisations and Clubs (Red Triangle, Schools, Football)	7	2	258	52	} 13	427
(b) Swimming	—	2	—	41		
(c) Dancing	—	2	—	76		
<i>GRAND TOTAL :</i>						
(a) Men	28	—	972	—	} 80	3,451
(b) Women	—	52	—	2,179		

In addition to the above Keep Fit classes there have been 36 classes in Physical Training (22 men and 14 women) held in connection with Group Courses in the Evening Institutes—with a total enrolment of 599 men and 470 women.

All classes have been registered and administered by the Education Department; students have filled in the official enrolment form, paid the fee, registers have been kept and all teachers have been paid by the Authority. This method was tried in Leeds because it offers many advantages, but it is not satisfactory in every way and the experience of 1936 provides interesting data that will no doubt be a valuable guide to future development. In view of the experience gained during 1936 and the need for future extension it is opportune at this stage to outline briefly the general considerations which will contribute to the success of the Keep Fit Movement.

2. *Board of Education Circular 1445*.—"Physical Education must have regard not only to the requirements of the school child, but also to the wants of the young people who after leaving school remain no less in need of healthy exercise and games than in their school days. Progress in this country must mainly depend on the local enthusiasm and initiative of Authorities and voluntary organisations, and on the whole-hearted co-operation of all those in positions of authority."

"The Board regard it as a matter of national importance that more consideration should be given to the development of facilities for physical training and games among young people who have just left school taking the country as a whole organised provision for the physical education of youth falls far short of the requirements of a nation which prizes its physique."

The above extracts state quite definitely that:—

(a) Organisers of Physical Training who have hitherto been mainly concerned with the physical welfare of the school child must now include schemes for the youth of post-school age and adults as part of their duties. This indicates an increase in Staff, to cope with the extra duties, or a reduction of time devoted to the schools.

(b) Progress in this direction depends on the enthusiasm and initiative of local education authorities, and the whole-hearted co-operation of all those in positions of authority. The enthusiasm, initiative and co-operation of the Physical Training staff, Keep Fit leaders and certain voluntary organisations in Leeds are present in abundance, but the staff to carry out all requirements is quite inadequate.

(c) The Keep Fit movement is national in character—linked to the national campaign for a fitter Britain—and therefore any local regulations or developments should be considered in regard to the national scheme.

(d) The provision for such development falls far short of the requirements. What is the position in Leeds with regard to “provision” and requirements? The following general considerations deal with this question.

3. *Accommodation*.—Owing to the few recently erected Senior Schools in Leeds, there is a lack of modern, suitably equipped gymnasia. This fact throws an additional burden on to the enthusiasm and initiative of the Keep Fit leader, reacts on the attendance, and limits the variety of activities. Last year's report expressed the hope that accommodation would improve, but until it does, this handicap to the success of the movement might be considered when the minimum attendances are fixed for closing classes. If the provision of suitable accommodation is a question of cost, then it is a matter outside the province of this Report. But surely it is not a question of “can Leeds afford to provide it” but “can Leeds, with the responsibility of the only national Physical Training College in the country, afford *not* to provide it.” Is it unreasonable or extravagant to expect the same consideration in Physical Training as in other subjects?—namely, the provision of a special room for a special subject, particularly when that subject is being sponsored by the Board and the Government.

4. *Leadership*.—It is generally admitted that the success of the national Keep Fit campaign depends primarily on two factors:—

(a) Accommodation.

(b) Leadership.

In considering Leadership there is some difference in regard to training of leaders between men and women.

(a) *Men*.—At the present time there is no textbook to guide organisers in the training of Keep Fit leaders. For the past two years experiments have been carried out in Leeds with classes of men teachers who have specialised in Physical Training. During this period a series of Tables have been compiled, tested on the teachers' classes, and have been applied to all general Keep Fit classes for men in Leeds with success. It is proposed to hold a definite class for Keep Fit leaders during the summer, incorporating boxing, athletics, adjustments to the Tables and acknowledged games of the F.A. Coaching Scheme as applied to the co-operation with the Red Triangle Football League.

(b) *Women*.—Two text books are available, containing Tables of exercises for Keep Fit classes. These text books were used at the classes held for Keep Fit leaders during the summer. The classes were attended by 68 women teachers and were conducted by the two Women Organisers of Physical Training.

All Keep Fit leaders, men and women, are specialised Physical Training teachers under the local Authority's scheme, and therefore have the background of additional training to help them in adapting Keep Fit work.

There has been a general shortage of Keep Fit leaders all over the country, but Leeds has been fortunate in possessing enough well-trained leaders to meet the local demand. There is no anxiety in this direction, and if the development of the Keep Fit scheme in Leeds depends on leadership, then success is assured.

5. *Closing of Classes*.—It is necessary to close classes that do not receive adequate support. In fixing a minimum of attendance, consideration should be given to accommodation, type of class, type of pupil, and the fact that the scheme is in its infancy. Classes for men, where general activities are introduced, require more space than women's classes that consist chiefly of rhythmic movements and dancing steps to music. The attendance of classes in certain districts has been affected by overtime in the workshops, and by illness. A person with a slight chill might attend a course in an ordinary subject, whilst he or she may hesitate to attend a Keep Fit class where a change of clothing is indicated. Again, the official registers are not a true index of attendance, as many join the classes too late for their attendance mark. This is the first term of the introduction of the scheme, and to close a class at this stage is to lose what ground has been gained, and to invite a reaction against further development in that district. At this stage, we are not merely catering for a demand, but trying—by adjusting our methods—to increase the demand. Finally, we cannot give our Keep Fit leaders experience—a sure way of improving their ability—if we have not classes for them. The fixing of a minimum number of attendances needs careful consideration.

Accommodation (additional).—Suitable accommodation has been repeatedly urged from year to year in these reports. The increased interest, both local and national, in physical fitness gives additional importance to this question. Consideration might be given to—

1. Converting some of the schools where the attendance is rapidly falling, such as Cross Stamford Street, Isles Lane, Burley Lawn, etc., into modern gymnasias.

2. Erecting a fully-equipped gymnasium on Pepper Road playing field, in order to link modern Keep Fit work with field games.

3. Modernising the 'Central Gymnasium' at the City of Leeds School—complete with shower baths and dressing accommodation.

Keep Fit classes are generally conducted in the evenings, but the future holds out possibilities of day classes—such as half-hour lessons during the lunch period for business men or short periods during the day for factory workers.

D. Swimming Instruction.

The instruction was organised on lines similar to those of previous years, at a charge by the Baths and Property Committee to the Education Committee of three-half-pence a child for each visit to the Baths.

The season opened on Monday, 30th April, and closed on Friday, 9th October, a period of nineteen weeks.

Examinations for certificates awarded by the Education Committee were carried out periodically by members of the Physical Training staff, and the Superintendent of the Baths. The following certificates were awarded:—

	Boys.	Girls.	Total.
Third Class ..	1,627	1,595	3,132
Second Class ..	980	773	1,753
First Class ..	685	480	1,165
Proficiency ..	97	107	204
	3,389	2,865	6,254

The conditions of award are as follows:—

THIRD CLASS CERTIFICATE:—

Swim 25 yards maintaining Breast Stroke throughout.

SECOND CLASS CERTIFICATE:—

- (a) Dive and swim 75 yards without pause or rest, maintaining Breast Stroke throughout.
- (b) Swim 25 yards on the back using arms and legs.

FIRST CLASS CERTIFICATE:—

- (a) Neat Dive.
- (b) Swim 100 yards without pause or rest, maintaining Breast Stroke throughout.
- (c) Swim 50 yards on the back, using legs only.
- (d) Dive from the surface and recover an object from a depth of four feet.
- (e) R.L.S.S. "first method" of rescue of a drowning person.
- (a) and (e) (Alternative for blind children) Swim one length of the bath supporting a tired swimmer.

PROFICIENCY CERTIFICATE:—

- (a) Swim 100 yards Free Style in the standard time of 110 seconds for boys and 120 seconds for girls.
- (b) Perform the "first method" of Release and Rescue (R.L.S.S.) a distance of 20 yards.

The result of the year's work were exceptionally good and a comparison with previous years indicates the progress made :—

Year.			Number of Attendances Made.	Number of Certificates Gained.
1932	..	..	169,244	6,001
1933	..	..	174,085	6,969
1934	..	..	176,464	7,462
1935	..	..	165,693	7,904
1936	..	..	182,564	6,254

The increase in the number of certificates awarded (from 3,414 in 1924, to 6,254 in 1936) has thrown an additional amount of clerical work on this Department. A scheme has been prepared whereby the blank certificates, with a list of the successful scholars, are sent to each school department in order that they may be written in, and issued from, the schools, but it was not possible to operate this scheme last year.

The Annual Swimming Galas were organised as in previous years by a Joint Committee of the Corporation Property Committee and the Leeds Schools' Swimming Association. Seven district galas were held in various Baths, with an eliminating Semi-Final Gala towards the end of the summer term and the Final Gala, at Armley Baths, on the 11th September.

E.—The School Camp.

The Camp erected on the new site purchased by the Education Committee at Leyfield Farm, Ilkley, was ready for occupation after the midsummer holidays.

Two groups of children attended, each group for a week, commencing 7th and 14th September, and all concerned were impressed by the improved accommodation, particularly with regard to the cooking arrangements and sanitation. The occupation of the Camp for this short period was largely experimental and has proved valuable for future guidance.

F.—Other Activities.

1. *Play Centres.*—The following six Play Centres were re-opened in October :—

Beckett Street	}	Organised by the Education Committee.
Isles Lane ..		
Low Road ..		
Park Lane ..		
Hunslet Lane	}	Organised by the Yorkshire Ladies' Council of Education.
Woodhouse ..		

It will be a matter of satisfaction to all concerned that during the winter evenings more than 2,000 children are accommodated in the Evening Play Centres where, under healthy conditions and in happy circumstances, they are able to spend a profitable time. In most cases the absence of a Play Centre would mean that the children would be playing in the streets, with the attendant moral and physical dangers. In considering the numbers in attendance it should be remembered that no compulsion whatever can be exercised and that the only spur to regular attendance is the interest and the enjoyment of the children. The experiments mentioned in the 1930 Report of developing more constructive schemes for boys are being continued with success.

2. *Leeds and District Swedish Gymnastic Association.*—Owing to the interest created by the Leeds Swedish Gymnastic Association outside this City, it was decided at the last general meeting to change the title to the Leeds and District Swedish Gymnastic Association, and to invite gymnasts from local districts to join.

The total membership is now forty-three, and includes members from Harrogate, York, Halifax, Wakefield and Bradford.

The following programme has been arranged for the season :

10th December.—Sound films illustrating various branches of Gymnastics and Games for Senior Boys and Girls, shown at Carnegie Physical Training College.

22nd January.—Lecture by Miss K. Connal and Miss G. Whitehead on their experiences at, and impressions of the 1936 Olympic Games, at Leeds Girls' High School.

8th February.—At Leeds Town Hall. Demonstration by the Danish Olympic Gymnastic Team, including a Display of Scottish Country Dancing by women teachers of Leeds.

8th March.—At Carnegie Physical Training College. Films of the Olympic Games, with a commentary by Major Thulin, principal of the South Swedish Gymnastic Institute.

19th March.—Lecture Demonstration on 'Sports Gymnastics' by Mr. S. Wilson, lecturer in Athletics and Gymnastics at Carnegie Physical Training College (place not yet fixed).

Date to be fixed.—Lecture by Miss Ellingham on the work of the English Scandinavian Summer School.

3. *Physical Education Circle*.—This Association, which functions every other year, will resume a series of Lectures and Demonstrations during 1937-1938.

4. *Children's Day*.—As in previous years, the Physical Training Department, in co-operation with the Leeds Elementary Schools Athletic Association, arranged a series of displays in Physical Training and Dancing on the arena at Roundhay Park on Saturday, 4th July. The programme included :—

Maypole Dancing by 100 Infants.

Greek Dancing by 128 Senior Girls.

Gipsy Dancing by 480 Senior Girls.

Massed Physical Training by 1,120 Junior Boys.

Massed Physical Training by 1,800 Senior Boys and Girls.

The last massed display of boys and girls was given in 1932, and last year the higher standard of work was noticeable. Hitherto the girls had shown better work and finer carriage than the boys. The difference in dress between the 1932 display and last year's indicates the improved outlook and general attitude towards the subject :—

1932. Boys—Shoes, stockings, short trousers, shirt.

Girls—Shoes, stockings, gymnastic tunic.

1936. Boys—Shoes, running shorts.

Girls—Shoes, shorts, blouse.

In conclusion, reference is made to the necessity for the increase in staff mentioned in last year's Report, and for the present an additional man assistant should be appointed. This would not be an increase in relation to the staff in 1928 which then consisted of one organiser and four assistants (two men and two women).

The urgent Board of Education requirements in circular 1,445 and the Government's additional impetus in the White Paper of February, 1937, justify the Committee's favourable consideration.

There has been a change in the personnel of the Staff during the year. Mr. Kirby, the only man assistant, left the services of the Committee at the end of August in order to take up duties as Man Organiser of Physical Training for Bedford, Bedford County and

Luton. Mr. Leslie Morant has been appointed to fill this vacancy and will commence duties early in February. A sincere tribute is paid to the loyal service rendered to the Education Committee by Mr. Kirby since his appointment in September, 1934.

Finally, I wish to express on behalf of my colleagues in the Department, our thanks for the support given by the Director of Education, the Education Committee, and our appreciation of the goodwill and co-operation of the teachers of the City.

SIDNEY SHAW,

Chief Organiser of Physical Training.

February, 1937.

EMPLOYMENT OF CHILDREN.**CHILDREN AND YOUNG PERSONS ACT, 1933.**

The Bye-laws regulating the employment of children between the ages of twelve and fourteen years continue to work smoothly and afford reasonable protection to the children employed.

Newsagents, shopkeepers and all employers who engage children for outdoor work, are required to see that such children are provided, during the course of their employment, with boots and sufficient clothing to protect them from inclement weather. The Inspectors, whose duty it is to enforce the regulations, and members of the City Police Force (whose valuable aid is much appreciated), are careful to see that this provision is strictly observed.

At the end of 1935, the number of boys and girls employed out of school hours was 995 and 22 respectively. The number at the end of 1936 was 1,041, being 1,024 boys and 17 girls; an increase of 29 boys but a decrease of five girls, or a total increase of 24.

During the year, 1,005 children were examined by the School Medical Officers in order to comply with the requirement as to their fitness for employment. Of this number, 991 were boys and 14 were girls. In all, 1,009 examinations were necessary before certificates of fitness were issued.

Arising out of these examinations, 110 children were found to be suffering from minor defects and arrangements were made for these to receive necessary attention.

The 1,041 children were employed in the following occupations :—

**Employment of Children.
Year ended 31st December, 1936.**

Nature of Employment.	Hours	Boys.	Girls.	Total.
Newspapers	†7-8 a.m.	465	3	468
"	5-7 p.m.	310	5	315
Milk	†7-8 a.m.	15	—	15
"	5-7 p.m.	10	2	12
Grocers	5-7 p.m.	65	—	65
Greengrocers	§5-7 p.m.	33	2	35
	on school-days			
Butchers	5-7 p.m.	32	—	32
Bakers and Confectioners	5-7 p.m.	37	1	38
Various	*5-7 p.m.	57	4	61
Totals		1,024	17	1,041

NOTE.—†(a) Children employed before school hours may be employed in the afternoon only between 5 and 6 p.m.

§ (b) No child may be employed on any Saturday or other school holiday for more than four hours or before 7 a.m. or after 7 p.m., provided that the employment shall be so arranged that the child shall be free for rest and recreation for a continuous period of not less than five hours.

*(c) Employed as messengers for chemists, laundries, doctors, drapers, milliners, tailors, etc.

In order to secure co-operation, and with a view to preventing ~~breaches~~ ^{co-operation} of the Bye-laws, employers and head teachers of public elementary schools are supplied with cards on which provision is made for the following entries : —

1. Date when the employment was notified to the authority.
2. Name and address of child.
3. Date of birth.
4. Nature of occupation.
5. Hours during which the child may be employed on school days, school holidays and Sundays.

Bye-law 8 requires that an employer shall keep the notice showing the above particulars fixed in a conspicuous position in the place in or in connection with which the child is employed.

Each Head Teacher has a similar card supplied on which all children employed and attending that school are listed. Whenever the School Medical Officer visits a school department for routine medical inspection of children, he takes the opportunity of seeing those whose names are entered on the list of employments. If necessary he re-examines them in order to ascertain whether the employment is having any prejudicial effect on their physical development.

Arising out of this procedure, a few cases have been discovered where children, in addition to their supply of daily newspapers, have been required to deliver a number of weekly periodicals. These greatly add to the weight a child may reasonably be expected to carry without the risk of possible injury to his physique. In all such cases, and on the School Medical Officer's recommendation, the attention of the employers concerned has been drawn to this matter and steps taken to obviate the likelihood of further complaint.

There has been a slight increase in the number of offences ^{Offences.} reported. The figures are 215 as against 195 last year. In 27 cases the children were under twelve years of age ; 33 where the employer had failed to notify the Authority within the required four days ; 100 children were employed during prohibited hours ; 7 were illegally employed on Sundays, 12 boys under the age of sixteen were found illegally trading in the streets, and the remaining 36 were minor offences.

Warning Notices were served in 38 cases, 32 employers and three parents appeared before the Committee and in five cases proceedings were taken before the Magistrates, resulting in one fine of 40/- ; two of 20/- ; one of 20/- and costs, and one cautioned and dismissed under the Probation of Offenders Act.

During the year, 74 applications were received for licences under the Statutory Rules and Orders, Employment of Children in Entertainments. Seventy-three were granted and one refused on the certificate of the School Medical Officer that the child was unfit for such employment. In three cases only did the issue of these licences require the children to sleep away from home. Two were at Doncaster and one at Torquay, for pantomime engagements.

The number of children visiting Leeds to take part in public entertainments was 107. Some of these appeared in pantomime at the Grand and Royal Theatres, and others at the Empire, City Varieties and Paramount Theatres, for periods varying from one day to two or more weeks.

During the stay of these visiting children in Leeds, their attendance at school was quite satisfactory. Greater care appears to be exercised in the selection of apartments, all of which were inspected before the children arrived in the city. These were invariably found to be clean and comfortable. Opportunity has also been taken to visit these apartment houses during the time the children were at meals. The food provided was considered suitable, substantial and sufficient.

One other feature is deserving of comment, namely, that the matrons in charge of the various troupes visiting Leeds have been able to produce bank books showing that a reasonable proportion of the earnings of these juveniles is placed in the Post Office Savings Bank.

Many children, their ages ranging from three or four years to fourteen years continue to take part in local concerts and entertainments, the proceeds of which are not for private profit. In some cases the children were so tired after their exertions that they were allowed to remain from school the following day in order to recover. Warnings were administered to the parents and it was pointed out to them that it is not in the best interests of the children to allow them to take part in any display where the exercise is likely to be prejudicial either to their physical development or education and further, that absence from school on these grounds could not be regarded as a reasonable excuse.

J. H. CAPES,

*Superintendent of Enquiry,
Employment and Welfare Section.*

February, 1937.

